# FEDERAL ADOPTION POLICY

## HEARING

BEFORE THE

SUBCOMMITTEE ON HUMAN RESOURCES

OF THE

## COMMITTEE ON WAYS AND MEANS
## HOUSE OF REPRESENTATIVES

ONE HUNDRED FOURTH CONGRESS

FIRST SESSION

MAY 10, 1995

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# FEDERAL ADOPTION POLICY

**WEDNESDAY, MAY 10, 1995**

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
SUBCOMMITTEE ON HUMAN RESOURCES,
*Washington, D.C.*

The subcommittee met, pursuant to call, at 11:10 a.m., in room B–318, Rayburn House Office Building, Hon. E. Clay Shaw, Jr. (chairman of the subcommittee) presiding.

[The advisory announcing the hearing follows:]

# *ADVISORY*

## FROM THE COMMITTEE ON WAYS AND MEANS

### SUBCOMMITTEE ON HUMAN RESOURCES

FOR IMMEDIATE RELEASE
April 26, 1995
No. HR-5

CONTACT: (202) 225-1721

## SHAW ANNOUNCES HEARINGS ON FEDERAL ADOPTION POLICY

Congressman E. Clay Shaw, Jr., Chairman, Subcommittee on Human Resources of the Committee on Ways and Means, today announced that the Subcommittee will hold a hearing on federal adoption policy. **The hearing will take place on Wednesday, May 10, 1995, in room B-318 of the Rayburn House Office Building, beginning at 11:00 a.m.**

Oral testimony at this hearing will be heard from invited witnesses only. Witnesses will include social workers, scholars, parents, and judges. However, any individual or organization not scheduled for an oral appearance may submit a written statement for consideration by the Subcommittee and for inclusion in the printed record of the hearing.

**BACKGROUND:**

Public policy on adoption faces a fundamental dilemma. Nearly all Americans support the sanctity of the family. Not only do Americans favor "family values," but most authorities agree that research shows that families are the best way to raise happy and healthy children. On the other hand, every society has families headed by parents who are a threat to the health and even safety of their children. These parents assault their children, neglect to provide them with a safe environment, or sexually abuse them. The dilemma is how to balance the basic American value of family sanctity while at the same time ensuring that children are reared in safe environments.

In announcing the hearing, Chairman Shaw stated: "We want to know whether family programs are producing good results for children or whether too many children are being suspended in foster care while waiting for their parents to be rehabilitated. All sides agree that permanent placements are best for children, but we hope to do everything possible to ensure that children are not being held in the limbo of foster care while waiting for permanent placements."

**FOCUS OF THE HEARING:**

Many social workers and others interested in child welfare emphasize the view that even families that have abused or neglected their children, or who are considered by authorities to be at risk for doing so, can recover enough to provide a safe environment for their children if parents are provided intense assistance by professionals. This movement, usually called "family preservation," has substantial appeal to social workers, judges, and policymakers. If families can be helped by short-term interventions, social workers and judges can be spared the difficult decision of removing children, the overloaded foster care system will experience some relief, taxpayers will save money, and children may be better off.

On the other hand, critics argue that social workers and the courts go too far to preserve the rights of biological parents. The upshot is that the social work practice and the legal system present a number of barriers to adoption. Those who support expanded adoption argue that adoption should be much easier and simpler than under present law in most states. Some even argue that for the children who have been severely mistreated by their parents, the process of family preservation should be avoided altogether and social workers should move immediately to begin adoption proceedings.

The Subcommittee will hear from witnesses on both sides of this debate. Particular attention will be paid to whether states should change either their social work practices or their law in order to facilitate family preservation or adoption and to whether there is a federal role in such changes.

## DETAILS FOR SUBMISSION OF WRITTEN COMMENTS:

Any person or organization wishing to submit a written statement for the printed record of the hearing should submit at least six (6) copies of their statement, with their address and date of hearing noted, by the close of business, Wednesday, May 24, 1995, to Phillip D. Moseley, Chief of Staff, Committee on Ways and Means, U.S. House of Representatives, 1102 Longworth House Office Building, Washington, D.C. 20515. If those filing written statements wish to have their statements distributed to the press and interested public at the hearing, they may deliver 200 additional copies for this purpose to the Subcommittee on Human Resources office, room B-317 Rayburn House Office Building, at least one hour before the hearing begins.

## FORMATTING REQUIREMENTS:

**Each statement presented for printing to the Committee by a witness, any written statement or exhibit submitted for the printed record or any written comments in response to a request for written comments must conform to the guidelines listed below. Any statement or exhibit not in compliance with these guidelines will not be printed, but will be maintained in the Committee files for review and use by the Committee.**

**1. All statements and any accompanying exhibits for printing must be typed in single space on legal-size paper and may not exceed a total of 10 pages including attachments.**

**2. Copies of whole documents submitted as exhibit material will not be accepted for printing. Instead, exhibit material should be referenced and quoted or paraphrased. All exhibit material not meeting these specifications will be maintained in the Committee files for review and use by the Committee.**

**3. A witness appearing at a public hearing, or submitting a statement for the record of a public hearing, or submitting written comments in response to a published request for comments by the Committee, must include on his statement or submission a list of all clients, persons, or organizations on whose behalf the witness appears.**

**4. A supplemental sheet must accompany each statement listing the name, full address, a telephone number where the witness or the designated representative may be reached and a topical outline or summary of the comments and recommendations in the full statement. This supplemental sheet will not be included in the printed record.**

**The above restrictions and limitations apply only to material being submitted for printing. Statements and exhibits or supplementary material submitted solely for distribution to the Members, the press and the public during the course of a public hearing may be submitted in other forms.**

Note: All Committee advisories and news releases are now available over the Internet at GOPHER.HOUSE.GOV, under 'HOUSE COMMITTEE INFORMATION'.

*****

Chairman SHAW. Good morning.

I welcome all of you to this, the first meeting that we will have on foster care and adoption. I think and I trust that we are going into an era of great bipartisan cooperation with this particular subject, which will be a welcomed relief from some of the ground that this committee has successfully covered since the first of the year.

The Nation now has 450,000 children in foster care. A recent study found that the average duration of first placements in foster care is almost 20 months. During that time, the typical child is likely to live in two different foster homes.

Almost every observer agrees that 20 months is too long and two foster families is one too many. I think we can safely conclude that the number of children in foster care, the length of stays in foster care, and the number of children who have multiple placements are all a national tragedy.

Thus, as a nation, we are seeking a foster care system that meets three goals: First and most important, it must protect children from harm; second, it must remove as few children as possible from their homes; and third, when children are removed from their homes, the system must move quickly to either reunite them with their families or terminate parental rights and have the children placed for adoption.

On its face, Federal policy seems almost schizophrenic on the matter of finding permanent placement for children. In 1993, Congress created the family preservation program to help States provide the intensive family services that may make it possible to keep abused and neglected children with their biological parents. In the same bill, we also authorized money for the States to study their court systems to determine how they could shorten the amount of time that elapses before abused and neglected children are freed for adoption.

So now we are faced with this dilemma; should States invest lots of time and resources in trying to save biological families or should States be more willing to terminate parental rights and move children into adoption?

A corollary question we asked our witnesses to address is whether there might be some way to simultaneously achieve the goals of both family preservation and timely adoption. Specifically, can we move suitable families into family preservation and then, if they fail to respond adequately to services, move more rapidly toward adoption?

I also want this hearing to provide the public and the members of this subcommittee with solid information on family preservation and adoption. Do family preservation programs produce long-term impacts?

Can adoptive parents fulfill children's developmental needs as well as biological parents?

What do we know about the home environments provided by adoptive parents? How do children fare in adoptive placements?

At this time, I would like to invite Mr. Ford and any other members of the committee who wish to make an opening statement.

Mr. FORD. Thank you very much, Mr. Chairman. I am delighted to be back with you on this subcommittee since we reported from

this committee, as well as the full Committee on Ways and Means, the welfare reform bill.

I would like to thank you for calling this hearing today and making sure that we move swiftly to try to correct ills that we see in this particular area.

I must admit being somewhat perplexed by this morning's hearings on the Federal adoption policy, and as best I can tell, the Contract With America would get rid of what little Federal adoption policy we have in this country. By passing H.R. 4, the bill implementing the Contract With America, the House has already decided to scrap the current system. Now, we are having a hearing to find out what works and what doesn't. Is it any wonder that I am puzzled, and I am sure that others will be as well.

H.R. 4 dismantles the social safety net for abused and neglected children. It strips children of the one thing that is guaranteed that they ought to have, a safe place to go if they are abused or neglected. Built on the philosophy that the States know best, what should be done for these children?

H.R. 4 leaves all decisions about their safety and future to the States with no accountability, no one authorized to look over their shoulders to make sure that children are protected. All the Federal Government can do is to check whether the States spend the money properly and collect the data.

I would like to make several predictions. First, here is what I think that we will learn from this session today. Each family is different. For some, adoption is the only hope.

For others, short-term intervention, like family preservation services, is just what is needed to happily reunite the family. Still others fall in the murky middle ground in need of services, but it is not clear whether you can save the family. Providing services may help to build the records you need to complete the adoption proceedings. I predict that we will find that States' resources are tight and investigating allegations of abuse and neglect sap resources, leaving little left for treatment.

This is no simple solution, but total State flexibility means children who have been abused and need foster care will compete for money against children and families who need services in order to keep the abuse out of it. That won't work.

Finally, I predict that in 3 years, if H.R. 4 is enacted into law, we will be back here wondering what went wrong.

Mr. Chairman, I don't want to take up a lot of time in opening statements, so I would like to ask that we have a more complete statement made part of the record and we can hear from the witnesses who are going to testify today before the subcommittee.

[The prepared statement follows:]

OPENING STATEMENT OF HON. HAROLD FORD:

I must admit to being somewhat perplexed by this morning's hearing on Federal adoption policy and family preservation. As best I can tell, the Contract on America would get rid of what little Federal adoption policy we have in this country. By passing H.R. 4—the bill implementing the Contract on America—the House has already decided to scrap the current system. Now we are having a hearing to find out what works and what doesn't. It it any wonder I am puzzled?

H.R. 4 dismantles the social safety net for abused and neglected children. It strips children of the one guarantee they ought to have—a safe place to go if they are

abused or neglected. Built on the philosophy that the States know best what should be done for these children, H.R. 4 leaves all decisions about their safety and future to the States, with no accountability—no one authorized to look over their shoulder to make sure children are protected. All the Federal Government can do is check whether the State spent the money properly and collect data.

I'd like to make several predictions. First, here's what I think we will learn from this hearing: Each family is different. For some, adoption is the only hope. For others, short-term intervention—like family preservation services—is just what they need to happily reunite the family. Still others fall in the murky middle ground—in need of services, but it is not clear whether you can save the family. Providing services may help to build the record you need to complete adoption proceedings.

I predict we will find that State resources are tight—investigating allegations of abuse and neglect sap resources, leaving little left for treatment. There is no simple solution. But total State flexibility means children who have been abused and need foster care will compete for money against children in families who need services in order to keep from being abused. That won't work.

Finally, I predict that in 3 years—if H.R. 4 is enacted into law—we will be back here wondering what went wrong.

Chairman SHAW. Yes, sir. Any of the members that wish to place an opening statement in the record may do so, and I would like at this time to recognize Mr. Stark.

Mr. STARK. Well, thank you, Mr. Chairman.

I want to thank you for calling this hearing and I would like to ask that my statement appear in the record. I hope that—I know that all of us have the best interest of the child at heart, and that the programs need to respond to the individual needs of children and their families. We must find the most appropriate solution for that one unique child, whether it is adoption, foster care, preservation, reunification, whatever it is.

I just don't think there is a one-size-fits-all, and I think you are to be commended. The more light we can shed as to how we should best serve these children and their families, can only result in both the State and Federal authorities charged with protecting these children making the best decisions, and I look forward to hearing the witnesses today.

Thank you, Mr. Chairman.

[The prepared statement follows:]

OPENING STATEMENT OF HON. FORTNEY PETE STARK:

At the end of 1993, an estimated 464,000 children were in foster care in the United States, an increase of about 66 percent from 1986. Fueled by drugs, teenage pregnancy, and AIDS, the number of children at risk has exploded. In 1985, there were 1.7 million reports of neglect and abuse. In 1994, the number reached 3 million.

The answer for these at-risk children is difficult—there is no "one-size-fits-all" solution. Today, although nearly half of the country's foster children are returned to their families within 6 months, the foster care system has turned into a way of life for hundreds of thousands of other children who spend a major part of their young lives without permanent families.

Although over 90,000 children have been placed in permanent families of their own as a result of the adoption subsidy, many children who cannot return to their families still languish in foster care without permanent adoptive families. The obstacles to adoption are many and include: Lack of appropriate and timely service to birth families; failure to pursue termination of parental rights; and lack of families for children with special needs.

The focal issue today is the extent to which we can appropriately limit or reduce the use of foster care. We've learned that foster care, while effective in many cases, is not the best answer for each child. Family preservation services, designed to serve families with children who would otherwise be removed from their homes and placed elsewhere, has worked well in many situations. Family preservation does not

mean keeping families together at all costs or leaving abused or neglected children at home in unsafe conditions.

The debate over welfare reform has renewed the notion of the State as the surrogate parent to children at risk. The recent national dialog initiated by welfare reform efforts has touted orphanages and adoption for our children at risk.

There is no doubt that our child welfare system is in crisis—but is the answer to block grant dollars to States that, many would argue, are already doing an abysmal job as the guardian of our children in crisis? This is not the answer—if programs for children in crisis have to compete with other programs for scarce dollars, the result will be disastrous.

Currently some two dozen jurisdictions are under court order to meet their obligations to children. Cases drag on for years as agencies repeatedly fail to investigate abuse reports in a timely fashion, find permanent homes for children, or even keep track of those under their charge.

The solution lies in preventive services and programs such as family preservation. A fully responsive system includes a variety of services that promote healthy development of families and children; a range of family centered counseling programs for families under stress; foster care and other placement options for children whose safety cannot be maintained in the home; and finally, adoption for children who must be removed from their birth parents permanently.

Block granting these important dollars as we have just done in the recent welfare bill is not the answer. What those efforts represent is an immoral political indifference to homelessness and hunger.

Chairman SHAW. Thank you, Peter. To help the subcommittee investigate the family preservation—excuse me. Is there any other member that wishes to be recognized at this time?

To help the subcommittee investigate family preservation and adoption, we are exceptionally fortunate to have two panels of outstanding witnesses. But before we begin, I have asked Dale Robinson of the Congressional Research Service to provide the members with a brief overview of statistics on foster care and adoption. Dale has prepared a very useful booklet that reviews these statistics. Members have a copy of her memo in their folder.

Dale, thank you for all your good work and thank you for being with the subcommittee on this issue, and especially for your hard work in preparing this very useful memo on child welfare statistics. I would like to invite you at this time to proceed as you see fit.

## STATEMENT OF DALE ROBINSON, ANALYST IN SOCIAL LEGISLATION EDUCATION AND PUBLIC WELFARE DIVISION, CONGRESSIONAL RESEARCH SERVICE, THE LIBRARY OF CONGRESS

Ms. ROBINSON. Thank you.

Good morning, Mr. Chairman, and members of the subcommittee. On behalf of the Congressional Research Service, I am pleased to testify before you on data related to adoption. In the interest of time, I will offer highlights of the testimony and memorandum I have submitted for the record.

I would like to point out that there are limited data available on adoption. While there are currently no comprehensive national data on adoption collected by the Federal Government, the Department of Health and Human Services will begin collecting data on foster care and adoptions through the public child welfare system this spring.

First, I would like to present data on adoptions in general. Studies indicate that each year, approximately half of all adoptions in the United States are by stepparents or relatives, and about half are by persons unrelated to the adopted child.

Less than one-tenth of total adoptions are of foreign children. One study found that 200,000 women have actively sought to adopt a child in 1988.

Finally, it is estimated that about 128,000 adoptions of all kinds took place in the United States in 1992.

Over time, fewer women of all races are volunteering to put their newborn infants up for adoption. At the same time, more adoptions are occurring through the foster care system and much of the Federal focus on adoption has concerned this system and the children adopted through it. The following presents information on that system.

Data show that the number of children in foster care has almost doubled in 10 years, to 442,000 children in 1992. More emphasis is being placed on returning children in foster care to their parents.

Between 1983 and 1990, about 15 percent of the children in foster care were expected to be adopted annually. Over the same time period, the percentage of children who had the goal of returning to their parents increased considerably from 46 to 60 percent. Regardless of these percentages, the overall numbers of children in both of these groups has grown considerably over the past 10 years.

More of the children in foster care are living with relatives, often grandparents. It has been found that relatives providing foster care are less likely to adopt than nonrelatives, and black children are more likely than white children to be in relative care.

Data on the duration of stays in foster care differ depending on States and time periods studied. In some States, duration of stay in foster care appear to be decreasing, such as New York. There are also States where duration has increased dramatically, such as Illinois.

There are not very good data on termination of parental rights, however, once those rights have been terminated, it has been found that over half of the children in foster care wait over 2 years for an adoptive placement.

There are differences by ethnicity in the experiences of foster care children, especially for those awaiting adoptive homes.

For example, minority children are disproportionately represented in the foster care population and in the numbers of children waiting for adoptive placement, representing over 50 percent of the children in both of these groups.

Even though adoptions of minority children have increased in recent years, black children in particular tend to stay in foster care longer and wait longer for adoptive placements than other children.

In one California study, after 4 years in care, over 40 percent of black children were still in care, versus 21 percent of Hispanic children and 17 percent of white children. At the same time, adoptions of black children increased 92 percent in California and adoptions of Hispanic children increased 80 percent.

These data show that there are increasing numbers of children in foster care and that children in some States are staying in care longer while other States have managed to shorten the length of time in care. The data also indicate that minority children are disproportionately represented in the foster care system and among those children waiting to be adopted, often waiting longer for adop-

tive placements than other children. Limited data inhibits our ability to explain all of these trends.

Mr. Chairman, this concludes my formal remarks. I would be happy to take questions at this time.

[The prepared statement and attachment follow:]

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Statement prepared for the
Subcommittee on Human Resources
House Committee on Ways and Means
May 10, 1995

by
Dale Robinson
Analyst in Social Legislation
Education and Public Welfare Division

**Overview of Adoption Data**

Good morning Mr. Chairman and members of the subcommittee. On behalf of the Congressional Research Service, I am pleased to testify before you on data related to adoption. In the interest of time, I will offer highlights of a memorandum I wrote for the Chairman on May 4, 1995, which accompanies this statement.

I would first like to point out that there are limited data available on adoption. While there are currently no comprehensive national data on adoption collected by the Federal Government, the Department of Health and Human Services will begin collecting data on foster care and adoptions through the public child welfare system this spring. The data presented in this testimony were reported by various researchers and organizations, often with funding from HHS.

First, I would like to present data on adoptions in general. Studies indicate that each year approximately half of all adoptions in the U.S. are by stepparents or relatives and about half are by persons unrelated to the adopted child. Less than one-tenth of total adoptions are of foreign children. And less than 8 percent involve children and parents of different races. A little more than a third of adoptions are arranged through public agencies, a third are arranged through private agencies, and a third are arranged independently. In 1992, it is estimated that about 128,000 adoptions of all kinds took place in the U.S.

Over time, fewer women of all races are volunteering to put their newborn infants up for adoption. At the same time, more adoptions are occurring through the foster care system, and much of the Federal focus in adoption has concerned this system and the children adopted through it. Therefore, its important to examine the foster care system and children's experience while in care, which can affect later adoption. The following presents information on that system.

Data show that:

1) The number of children in foster care has almost doubled in 10 years to 442,000 children in 1992, placing a great strain on the system.

2) More emphasis is being placed on returning children in foster care to their parents. Between 1983 and 1990, about 15 percent of the children in foster care were expected to be adopted annually. Over the same time period, the percentage of children who had a goal of returning to their parents increased considerably from 46 percent to 60 percent. Regardless of these percentages, the overall numbers of children in both of these groups has grown considerably over the past 10 years.

3) More of the children in foster care are living with relatives, often grandparents. It has been found that relatives providing foster care are *less likely* to adopt than nonrelatives, and black children are more likely than white children to be in relative care.

4) Data on the duration of stays in foster care differ depending on States and time periods studied. There are also not very good data on termination of parental rights; however, once those rights have been terminated, it has been found that over half of children in foster care wait over 2 years for an adoptive placement. In some States, duration of stay in foster care appears to be decreasing, such as New York. However, there are some States where duration has increased dramatically, such as Illinois. Also, in recent years, more infants have been entering substitute care, and infants appear to stay in care longer than children who enter at other ages.

5) There are also differences by ethnicity in the experiences of foster care children, especially for those awaiting adoptive homes. For example:

a) Minority children are disproportionately represented in the foster care population and in the numbers of children waiting for adoptive placement, representing over 50 percent of the children in both these groups. Certain children are also disproportionately represented in certain States and localities. Black children are 90 percent of the children in care in New York City. And Hispanic children are 40 percent of the children in care in New Mexico.

b) Even though adoptions of minority children have increased in recent years, black children, in particular, tend to stay in foster care longer, and wait longer for adoptive placements than other children. In one California study, after 4 years in care, over 40 percent of black children were still in care, versus 21 percent of Hispanic children, and 17 percent of white children. At the same time, adoptions of black children increased 92 percent in California, and adoptions of Hispanic children increased 80 percent.

c) Although adoptions of special needs children, which includes children who are minorities, older, disabled, or members of a sibling group, have increased in recent years, in 1990, they still represented over 70 percent of the children awaiting adoptive placement.

These data show that there are increasing numbers of children in foster care, and that some proportion of these children are staying in care longer. The data also indicate that minority children are disproportionately represented in the foster care system and among those children waiting to be adopted, often waiting longer for adoptive placements than other children. Limited data inhibits our ability to explain all of these trends.

Mr. Chairman, this concludes my formal remarks. I would be happy to take questions at this time.

Congressional Research Service · Library of Congress · Washington, D.C. 20540

May 4, 1995

TO : House Ways and Means Committee
Subcommittee on Human Resources
Attention: Ron Haskins

FROM : Dale Robinson
Analyst in Social Legislation
Education and Public Welfare Division

SUBJECT : **Adoption Statistics Revised**

As you requested I have revised my memorandum of April 24 which compiled a variety of statistics on various adoption topics for a May 10, 1995 hearing that your subcommittee will hold. For each area I have written a brief paragraph describing the latest statistics and trends and the sources for the data used. This memorandum includes additional data not in the original. Much of the Federal focus in adoption has been on the public child welfare system and the children adopted through it. Therefore, I have included data on the foster care system, including those children waiting to be adopted.

There are many limitations to available data on adoption. It is an underresearched area, and there are no comprehensive national data on adoption collected by the Federal Government. From 1957 to 1975, the National Center for Social Statistics, Department of Health and Human Services (HHS) collected annual adoption information from States on a voluntary basis. Since 1982, the American Public Welfare Association has conducted the Voluntary Cooperative Information System (VCIS), with funding from HHS, which has collected voluntary information from States on the public child welfare system, including adoption information. From 1986-1994, the National Center for State Courts, with support from HHS, collected national data on adoption of all types using court records. Further, private organizations and researchers have periodically conducted studies using a range of methods.

The data that are presented in this memorandum come from all these sources. I have not attempted to verify the data presented. I have relied upon written reports and studies that report data findings.

Final rules for a new system for collecting comprehensive child welfare data for children in State care were issued by HHS in December 1993. The Adoption and Foster Care Analysis and Reporting System (AFCARS) requires States to report data no later than May 15, 1995.

**Birth Mothers**

More mothers are choosing to keep their babies. Between 1972 and 1982, the number of out-of-wedlock births increased by 77 percent while the number of adoptions decreased by 22 percent (Independent Adoptions, *Congressional Quarterly*, 1987). Between 1982 and 1988, only 3 percent of never-married white women (non-Hispanic) placed their children for adoption, whereas 19 percent had done so between 1965-1972. Historically, black teenage mothers have rarely placed infants for adoption. (*Sex and America's Teenagers*, Alan Guttmacher Institute, 1994.) Only 0.7 percent of premarital black children were released for adoption in 1973, and this figure fell to 0.1 percent in 1982 (*Congressional Quarterly*, 1987).

**Adoptive Mothers**

Based on data from 1988, approximately 200,000 women had taken active steps to adopt a child unrelated to them at that time. Over 2 million women of reproductive age were estimated to have ever sought to adopt. Black and white women were equally likely to have sought to adopt. (On the Path to Adoption: Adoption Seeking in the United States, 1988, *Journal of Marriage and the Family*, August 1991)

In most adoptions, mothers are ages 25-34, and most are married at the time of adoption. However, it appears that adoptions by single women are on the increase. Single women are also more likely than married women to adopt older children. Women with higher levels of income and education are more likely to adopt, especially unrelated children. Data also show that adoptions among persons of color and those with lower education and income levels tend to be adoptions of related children. (*Adoption in the 1980s, National Center for Health Statistics-Advance Data*, January 1990)

**Number and Types of Adoptions**

According to the National Center for State Courts, almost 128,000 adoptions took place in 1992. This number is based on court records, and reports from bureaus of vital statistics and social service agencies. At least half of these adoptions were stepparent or relative adoptions, the majority of which were independently arranged (i.e., no agency involvement). Most non-relative adoptions involved a public or private agency. Public agency adoptions (which generally involve older, minority and handicapped children) ranged from 6 percent to 30 percent of States' adoptions. (*The Flow of Adoption Information from the States*, by Victor and Carol Flango, 1994). The number of unrelated adoptions has stayed relatively constant over the past 20 years. Estimates from 1989 indicate that approximately 40 percent of adoptions were handled by public agencies, 31 percent were handled independently, and 29 percent by private agencies (Center for the Future of Children, 1993).

**International Adoptions**

The number of international adoptions has decreased in recent years. During the 1980s, roughly 10,000 children were adopted from abroad every year. In FY 1993, 7,348 foreign adoptions took place. In FY 1991, 9,008 children were adopted from abroad. The countries of origin for these children change yearly. The recent decrease in international adoptions is partly due to Korea, formerly one of the largest sources of international children, limiting the number of adoptions allowed by foreigners. Recently, many more children from Romania and Russia have been adopted by U.S. citizens. (U.S. Immigration and Naturalization Service)

**Transracial Adoptions**

Based on 1987 data, 8 percent of adoptions involved an adoptive mother and child of different races. White women adopting black children accounted for 1 percent of adoptions; white adoption of children of races other than white or black were 5 percent of adoptions. Mothers of other races adopting white children accounted for 2 percent of adoptions. Because these estimates include international adoptions, the incidence of transracial adoption among U.S. children is actually somewhat lower than these figures. (*Adoption in the 1980s, National Center for Health Statistics Advance Data*, January 1990)

**Children in the Public Child Welfare System**

About 15-20 percent of the children adopted in the United States come through the public child welfare system. For 1992, approximately 442,000 children were in foster care at the end of the fiscal year. The foster care population has almost doubled in the past 10 years, and represented 5.9 per 1,000 U.S. children in 1990. This is an increase from 4.2 per 1,000 children in 1987. This trend is corroborated by two studies, one of the total foster care population--the Voluntary Cooperative Information System (VCIS) conducted by the American Public Welfare Association--and one of foster care caseloads in five States which represent over half the children in foster care--Multi State Foster Care Archives, Chapin Hall Center for Children, University of Chicago.

In FY 1990, white children were 39.3 percent of the children in foster care, and black children were 40.4 percent of the children in care. Of children in out-of-home care, family reunification was the permanency goal for over half in 1990. Adoption was a goal for over 15 percent. Of the children who left out-of-home care in 1990, about 8 percent were adopted, while over 60 percent were reunified with their families. (VCIS, House Ways and Means Committee Green Book, 1994)

Of the total numbers of children in foster care in 1992, about half were eligible for Federal foster care payments under title IV-E of the Social Security Act (Green Book).

In FY 1990, 17,000 children in out-of-home care had a finalized adoption, 18,000 were placed in a nonfinalized adoptive home, and 20,000 were awaiting adoptive placement. These numbers have been fairly stable since 1982. However, 69,000 children in 1990 had a permanency goal of adoption, which was a significant increase from 1982 (VCIS, APWA).

**Relative Foster Care**

There has been significant growth in the numbers of children in substitute care placed with relatives. Children placed for foster care with relatives grew to 31 percent of the total caseload by 1990 (HHS Inspector General). Similar increases were found by a study conducted by Chapin Hall. In two of the five States surveyed (New York and Illinois), relatives provided one-third to one-half of the foster care homes. Relatives generally adopt foster children at a lower rate than nonrelatives. Black children are more likely than white children to be in relative care.

Census data also show that more children than in previous years are living in the homes of relatives, especially grandparents. These numbers reflect all U.S. children, not just children in the public child welfare system. In 1992, about 5 percent of children under 18 lived in homes maintained by grandparents, up from 3 percent in 1970. However, parents were included in many of these households, representing a three-generation household. In fact, the number of children living apart from parents, with relatives or nonrelatives, has decreased over the past 10 years. (U.S. Census Bureau, Current Population Reports)

**Duration of Foster Care**

Data on duration of stay in foster care are mixed, depending on the time period studied and the State. In the Chapin Hall study, from 1988-1993, duration in foster care decreased in California and New York, stayed the same in Michigan and Texas, and increased in Illinois. Statewide medians of average length of time in care ranged from just under 9 months in Texas to over 34 months in Illinois. With the exception of Texas, durations of stays were consistently longer for black children than for white children. VCIS data show that from 1982 to 1990, there was an increase in the percentage of children in care between 1 and 2 years, and in care between 2 and 3 years. However the percentage was constant over that time for children in care 3-5 years, and decreased significantly for children in care more than 5 years and somewhat for children in care less than 1 year.

**Length of Time Waiting for Adoption**

The adoptive process can be time consuming, especially in adoptions of foster care children involving public agencies. Children wait in care several years on average before getting an adoptive placement. The wait for minority children can be particularly long. According to one study in California, black children are less likely to be adopted or reunified and more likely to still be in care than children of other ethnicities. After 4 years in foster care, 41.2 percent of black children in California were still in care versus 17.2 percent of white children and 21.2 percent of Hispanic children. Moreover, 8 times as many black children remained in foster care after 4 years as were adopted (41.2 percent vs. 5.2 percent), four times as many Hispanic children remained in foster as were adopted (21.2 percent vs. 5.9 percent), and only twice as many white children remained in foster care as were adopted (17.2 percent vs. 8.9 percent). At the same time, adoptions of black children have increased 92 percent in California in the last 5 years and adoptions of Hispanic children by 80 percent. (Rick Barth, University of California, Berkeley)

**Termination of Parental Rights**

For almost 88 percent of the children in foster care at the end of FY 1990, there had been no termination or relinquishment of parental rights. This number remained generally stable from 1982 to 1990. There was a dramatic decrease in this percentage in 1989 to 56 percent, but the percentage increased to 88 percent in 1990. Also in 1989, there was an increase in the percentage of children that had a legal status of "other" than in previous years. There may be some relation between these two events. VCIS does not have data on what "other" status means. (VCIS, APWA)

**Minority Children in Foster Care and Adoption Caseloads**

Black children represent over half of the foster care caseload in New Jersey (63 percent), Maryland (57 percent), and Louisiana (54 percent). Hispanic children are overrepresented in New Mexico (40 percent), Texas (23 percent), and Colorado (18 percent). Native American children are disproportionately represented in South Dakota's caseload (65 percent). This trend particularly affects major urban areas--more than 80 percent of the foster care caseload in Chicago is minority and nearly 90 percent in New York City. (*Child Welfare*, v. 69, no. 6, 1990)

This overrepresentation in the foster care caseload leads to overrepresentation among those waiting for adoption. More than half of the children awaiting adoption nationally are children of color. In Detroit, 80 percent of the children waiting for adoption are black. In Massachusetts in 1988, black children were 41 percent of the waiting population but only 14 percent of the children in adoptive placements. (Center for the Future of Children, Adoption, 1993)

**Special Needs Adoptions**

The percentage of children with special needs (older, minority status, sibling group or disabled) in foster care has decreased; however, the number of special needs children awaiting adoption has increased over time, as has the percentage who are adopted. By 1990, special needs children represented only 13 percent of the foster care population, down from 22 percent in 1984. However, special needs children represented 72 percent of the foster care children awaiting adoptive placement and 67 percent of the children who were adopted in 1990, up from 43 percent and 57 percent respectively in 1984 (VCIS, APWA).

The number of special needs children receiving Federal adoption assistance payments under title IV-E of the Social Security Act has increased dramatically since the inception of the program in 1980. Over the past 5 years, the average monthly number of children for whom payments were made has more than doubled from just under 50,000 to over 118,000 in FY 1995. The appropriations amounts for the program have increased from $190 million in FY 1991 to $399 million in FY 1995. (Department of Health and Human Services, Administration for Children and Families, FY 1996 Budget Justifications)

In FY 1990, the latest data available, almost half of the children adopted with subsidies were authorized to received Federal title IV-E adoption assistance. The remainder of these

children received State-financed adoption subsidies. In FY 1990, 104,000 children were adopted with subsidy (Federal or State). (VCIS, APWA, October 1993)

**Adoption Outcomes**

Current estimates indicate that approximately 10-13 percent of adoptions disrupt or dissolve (i.e., a child is removed from the adoptive home before or after the adoption is finalized). Generally, there is a greater risk of disruption or dissolution the older the child is at the time of placement. (Center for the Future of Children, 1993)

Chairman SHAW. I would like at this time to welcome Ms. Jackson-Lee, a freshman Member from the State of Texas to sit with us here this morning.

At this time I will recognize Mr. Camp for questions.

Mr. CAMP. Thank you.

Ms. Robinson, is it fair to say from your statistical presentation that while the number of children in foster care is increasing, it is at a slower rate than had been occurring in the eighties?

Ms. ROBINSON. That is generally correct.

Mr. CAMP. Does the length of stay in foster care seem to be increasing, decreasing, or staying the same?

Ms. ROBINSON. It really depends, at least for data that I have looked at, on the State that you look at and the time period studied. There are some States, like New York and California, where it appears duration has gone down, but then there is Illinois, where duration has gone up quite a bit.

Mr. CAMP. I was going to ask about two areas, the District of Columbia and Michigan.

Ms. ROBINSON. There is Michigan data. I would have to get that for you. I believe it has generally stayed pretty constant. It hasn't had the dramatic decrease or increase that New York and Illinois have had.

[The following was subsequently received:]

Data from the Chapin Hall Center for Children at the University of Chicago from 1994 indicate that from 1983 to 1993 the numbers of children in foster care in Michigan increased from 7,150 to 11,937 children—an increase of 67 percent. *An Update from the Multistate Foster Care Data Archive re: Foster Care Dynamics* shows that although the overall numbers of children in foster care in Michigan increased from 1983 to 1993, the rate of change has decreased over the past 5 years, indicating a slower rate of growth in Michigan's foster care system. (See attached tables.)

TABLE 2

***Foster Care Census by Year***

| | California* | Illinois | Michigan | New York | Texas* | Total |
|---|---|---|---|---|---|---|
| 1983 | 32,520 | 15,285 | 7,150 | 28,540 | 4,992 | 88,487 |
| 1984 | 36,540 | 15,240 | 7,725 | 28,259 | 4,996 | 92,760 |
| 1985 | 39,666 | 15,017 | 8,242 | 28,383 | 6,243 | 97,551 |
| 1986 | 43,599 | 15,081 | 8,459 | 30,191 | 6,143 | 103,473 |
| 1987 | 49,990 | 17,121 | 9,335 | 38,191 | 6,308 | 120,945 |
| 1988 | 55,393 | 19,005 | 9,900 | 49,079 | 6,827 | 140,204 |
| 1989 | 66,670 | 21,242 | 10,708 | 61,268 | 7,976 | 167,864 |
| 1990 | 70,630 | 23,876 | 11,501 | 65,432 | 8,742 | 180,181 |
| 1991 | 72,743 | 28,584 | 12,105 | 66,623 | 9,547 | 189,602 |
| 1992 | 77,087 | 33,749 | 12,062 | 64,875 | 10,436 | 198,209 |
| 1993 | 82,647 | 39,408 | 11,937 | 62,896 | 11,123 | 208,011 |

*Counts for California 1983-87 and Texas 1983-84 from published state data.

**Table 2** and **Figure 2** present the annual end-of-year cross-sectional caseload counts for each of the five states separately. California and New York together contribute almost 70 percent of the total number of foster children to the five-state Archive total. Growth of the population of children in foster care occurred in each of the five states, with total growth for the 11-year period varying from 67 percent in Michigan to 158 percent in Illinois.

FIGURE 2

***Foster Care Census by Year***

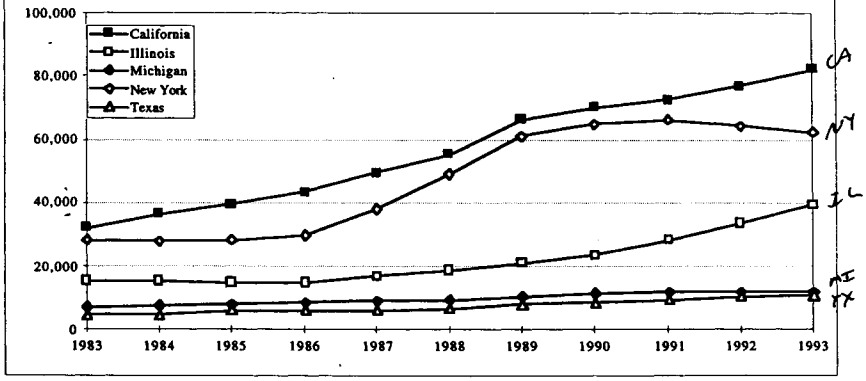


**Table 3** presents annual percentage changes in the size of the cross-sectional census of children in substitute care for each state. While overall growth occurred in each of the five states, the specific patterns differ. For example, short bursts of extremely rapid growth occur in New York (1987-89) and Illinois (1991-93), while recent periods of small decrease are shown in Michigan and New York (1992-93).

TABLE 3
***Percent Change in Foster Care Census by Year***

| | California* | Illinois | Michigan | New York | Texas* | Total |
|---|---|---|---|---|---|---|
| 1983 | - | - | - | - | - | - |
| 1984 | 12.4% | -0.3% | 8.0% | -1.0% | 0.1% | 4.8% |
| 1985 | 8.6% | -1.5% | 6.7% | 0.4% | 25.0% | 5.2% |
| 1986 | 9.9% | 0.4% | 2.6% | 6.4% | -1.6% | 6.1% |
| 1987 | 14.7% | 13.5% | 10.4% | 26.5% | 2.7% | 16.9% |
| 1988 | 10.8% | 11.0% | 6.1% | 28.5% | 8.2% | 15.9% |
| 1989 | 20.4% | 11.8% | 8.2% | 24.8% | 16.8% | 19.7% |
| 1990 | 5.9% | 12.4% | 7.4% | 6.8% | 9.6% | 7.3% |
| 1991 | 3.0% | 19.7% | 5.3% | 1.8% | 9.2% | 5.2% |
| 1992 | 6.0% | 18.1% | -0.4% | -2.6% | 9.3% | 4.5% |
| 1993 | 7.2% | 16.8% | -1.0% | -3.1% | 6.6% | 4.9% |

*Counts for California 1983-87, Texas 1983-84 from published state data.

The foster care caseloads do not necessarily change evenly within a state. One example of intrastate differences is shown in **Figure 3**, which separates the foster care census into children from the primary urban county (counties) in the state and those from the remainder of the state. Again, clear differences between state patterns are evident. Almost all of the growth in foster care caseloads in New York and Illinois occurred in New York City and Cook County (the urban areas), with the changes in other areas in these states over the 11 years being minimal. However, in California, Michigan, and Texas, growth of the foster care caseload occurred in all regions of the state.

Mr. CAMP. So they at least stayed fairly stable?

Ms. ROBINSON. Right.

Mr. CAMP. In some of the other States, it has declined?

Ms. ROBINSON. Declined. You see it in the data.

Mr. CAMP. How would you describe the trend nationally—I realize there are some differences between States. How would you then describe these trends and what they mean? A summary of what you see as the national trends?

Is the child—is the child welfare crisis getting worse? Is it getting better? Is it staying fairly stable?

Ms. ROBINSON. I think it really does—I think the data by State really does show differences in how States are dealing with their systems. Illinois has had many more children entering their system at an increasing rate than some States. Therefore, it is probably harder to get those children out of the system.

So I think that except in States like New York, numbers haven't increased as much in the past couple of years, and they have had a better time at—in decreasing some of the numbers and getting children out of the system. I think there are other people on the panels who might be able to paint a better national trend.

Mr. CAMP. Sure. Is there a particular reason that you know of why Illinois' numbers may be increasing?

Ms. ROBINSON. I don't know.

Mr. CAMP. All right, thank you.

I have no further questions, Mr. Chairman.

Chairman SHAW. Mr. Ford.

Mr. FORD. Thank you, Mr. Chairman, and Ms. Robinson.

Ms. Robinson, your CRS report shows that the number of out-of-wedlock births increased by 77 percent, while the number of adoptions decreased by 22 percent. These out-of-wedlock births that we are talking about are these teen mothers? What percentage of the children born out of wedlock would be born: One, to teen mothers; two, to welfare mothers, and three, to mothers with income lower than the poverty threshold? Do you have any——

Ms. ROBINSON. I don't have numbers on that here, but we have numbers on that at CRS. I can get them to you.

[The following was subsequently received:]

CRS analysis of data from the National Center for Health Statistics, indicate that in 1992, out of 1,224,876 babies born to unmarried women, 30 percent of these babies were born to adolescents. However, adolescent mothers make up almost half of all first births to unmarried women.

Data from the U.S. Bureau of the Census published in March 1995, indicate that mothers receiving aid to families with dependent children (AFDC) were nearly three times as likely as their non-AFDC mothers when they gave birth for the first time. Twenty-nine percent of AFDC mothers had their first birth under age 18; the same was true for only 15 percent of non-AFDC mothers. Census Bureau data also show that nearly half of AFDC mothers have never been married.

Data tabulated by the Alan Guttmacher Institute from the National Survey of Family Growth present information on unintended births by poverty levels. Unintended births include those that were "mistimed" (that is the woman wanted another child, but the birth occurred earlier than preferred) and those that were "unwanted" (that is, the woman did not want to have a child). Unintended births during 1984–99 survey years increased from the 1979–82 survey years. Fifty-eight percent of births to poor women (those with incomes less than 100 percent of the poverty level) were unintended during the 1984–88 survey years, compared to 51.1 percent of births to poor women during the 1979–82 survey years. Poor women were the most likely to report unintended births—both mistimed and unwanted—in both 1979–82 and 1984–88. One quarter of poor mothers during 1984–88 reported that

the births were unwanted, and one third of poor mothers reported that the births were mistimed.

Mr. FORD. Do you have numbers on any of those three areas?

Ms. ROBINSON. Not with me. In general, for all of that category, for all women giving birth out of wedlock, the numbers of women putting their children up for adoption has decreased no matter who you look at.

Mr. FORD. I understand that. Regardless of who you look at, they have all—we have seen a sharp decrease in the number of children offered for adoption. We also have seen such a sharp increase in the children who are born out of wedlock and I am just trying to see who are we talking about.

Ms. ROBINSON. And over that same time period, there is less stigma attached to abortion. There are a lot of factors that lead to more women having children and not putting them up for adoption.

Mr. FORD. What factor or factors do you attribute to the doubling of the foster care caseload over the past 10 years?

Ms. ROBINSON. There is a lot of data that talks about more children being in poverty these days, one in five children I believe is the latest figure. Definitely poverty, housing shortages, stress among families, all of that affects how families can raise their children and definitely has some effect on families not being able to raise their children or abusing their kids, and most kids come into the system due to abuse and neglect. I think over 50 percent enter care due to neglect, so I am sure that poverty has some bearing.

Mr. FORD. Is there any evidence that Federal law serves as a barrier to the adoption process?

Ms. ROBINSON. Barriers to the adoption process?

Mr. FORD. Yes. Do you know of any Federal laws that we have enacted that serve as a barrier?

Ms. ROBINSON. Prior to this Congress, there were about three or four Federal adoption programs. There is the adoption assistance program that gives payments to parents who adopt special needs children. There is the adoption opportunities program that basically funded demonstration projects that help families deal with postlegal adoption services and a host of other adoption issues. There are several different adoption programs, and H.R. 4 would give money basically over to States to allow them to do whatever they see fit in terms of adoption.

Mr. FORD. And do you think that giving all of this authority to the States will enhance the adoption process and reduce the caseload of foster care?

Ms. ROBINSON. It is definitely the case that adoption generally is a State issue, and decisions are made on the very local level and definitely the block grants would give States money to do as they see fit to do it.

Mr. FORD. Outside of giving States the money for adoption programs, what evidence do you have that the States would do a better job than what is done under current law in the existing programs you described?

Ms. ROBINSON. The States also have their own State adoption subsidy programs. Every State has a State program for kids who couldn't qualify for Federal funds, and so we don't have any data to show that—or any instances to show that States would get rid

of these programs. I am assuming they would keep their own State adoption subsidy program or maybe increase them. It is unclear. We don't know exactly what they would do.

Mr. FORD. Right. But you are convinced that giving the States the block grant programs under H.R. 4 is putting it on the right track to increase the number of adoptions in this country?

Ms. ROBINSON. I can't answer that. It really depends on what States decide to do with the money.

Mr. FORD. And what about the Federal mandates or the Federal requirements or Federal standards? Should we have any or just give States complete control or jurisdiction over the adoption programs?

Ms. ROBINSON. I don't really think I can answer that. Right now there are very few Federal mandates in terms of adoption.

Mr. FORD. Who are these hard-to-adopt children you say that stay in the process more than 2, 2½——

Ms. ROBINSON. Minority kids, disabled children, older children, members of sibling groups. We often have twins or triplets, or people who have three or four kids, who are in the system and families aren't often willing to take more than one child.

Mr. FORD. My time is expired, but one final question. Do you have any comments regarding the tax bill that we passed and its $5,000 adoption credit. Do you think we should double that amount for the hard-to-adopt children?

Ms. ROBINSON. Well, that is more than what families who adopt special needs children in particular get now. Now they get a one-time reimbursement of up to $2,000.

Mr. FORD. Right.

Ms. ROBINSON. And that would expand the numbers of——

Mr. FORD. But that is not an incentive for families who earn $25,000 and $30,000 a year, because the tax credit really wouldn't help them at all. I am trying to see how do we focus H.R. 4 other than just turning it over to the States. Does anything really attract families to adopt these hard-to-adopt children?

Ms. ROBINSON. Well, definitely the $5,000 tax credit would apply to all adoptions, not just special-needs adoptions, including international adoptions.

Mr. FORD. It would only apply if you have the tax liability?

Ms. ROBINSON. Right. Correct.

Mr. FORD. Thank you.

Chairman SHAW. Mr. McCrery.

Mr. MCCRERY. Thank you, Mr. Chairman.

I don't really have any questions of the witness. I think she did an excellent job of providing us a statistical overview of the situation, and I appreciate that. Mr. Ford may be able to get some more definitive answers from some other witnesses that are going to appear before us today, so I look forward to hearing those witnesses.

Chairman SHAW. Mr. Rangel.

Mr. RANGEL. Mr. Chairman, first, let me thank you for following up. Maybe the next 100 days may not be as bad as I thought they would be if we can see what we have done and have the time to have it evaluated by those people that will have to carry it out, assuming the Senate is on a 100-day track as well.

Ms. Robinson, it is my understanding that foster care certainly provides for a lot of kids who are abused and neglected to at least be in a better environment, but even that care, there are a lot of cracks there that cause States and providers to be in court because kids are abused and neglected, so it is not the ideal and we are trying to improve it.

Ms. ROBINSON. Correct.

Mr. RANGEL. It is also my feeling that kids that wind up in this circumstance, a lot of them are unwanted kids. They come from parents that have their own problems with drugs and alcohol, and maybe many of these kids themselves have been born into being addicted and AIDS and social problems. In talking with professionals like you, I get the impression that there is a clear connection between the education that has been provided to people, the employability, the fact as to whether they are working, as to whether they have these children at all, and the others that are having all of these children out of wedlock that really have no sense of what we like to call family values.

Is there a connection between education, job training and employability and children going into foster care, and on the other side, people who are in school working and looking toward jobs and marriage?

Ms. ROBINSON. There is data to show—in terms of kids coming into the foster care system?

Mr. RANGEL. Exactly.

Ms. ROBINSON. They usually enter care because of abuse and neglect and there have been studies that relate abuse and neglect to stressors like poverty and low-income levels.

Mr. RANGEL. But Mr. Ford was talking about the number of minority kids. If you were to talk about the income level of the parents that have their kids here, how would you describe them as a profile? You know, who are the parents, of these kids that Congressman Ford is talking about? What are their backgrounds?

Ms. ROBINSON. I can get you more data on that, but there is definitely one study that was done by HHS in 1984 or 1988, I believe, that showed that when the income drops to something like $15,000 or below, incidents of child abuse in that community definitely goes up.

[The following was subsequently received:]

Department of Health and Human Services (DHHS) data from 1988 indicate that family income has profound effects on the incidence of child abuse and Neglect. In the DHHS National Center on Child Abuse and Neglect (NCCAN) *Study of National Incidence of Child Abuse and Neglect: 1988,* the rate of abuse was four times higher among lower income families (less than $15,000) than among children in higher income families ($15,000 or more). Neglect was nearly eight times higher among lower income families compared to the higher income families. (See attached chapter and tables.)

### 5.4.1 Family Income Effects (Using Original Definitions)

Family income was found to have profound effects on the incidence of abuse and neglect. There were significant income-related differences on all measures except fatalities, and there the differences were marginal. Table 5-5 presents the distribution of child maltreatment defined according to the original standards across children classified into two categories on the basis of family income. Throughout the table, children from families whose income was less than $15,000 experienced more maltreatment and injury/impairment than did those from families with incomes greater than $15,000. The overall rate of maltreatment was more than 5 times higher among the lower income children who experienced maltreatment under the original definitions. These children were maltreated at a rate of 32.3 per 1,000 (representing 537,400 children nationwide), as compared to 6.1 children per 1,000 (reflecting 282,500 children) in the upper income group.

The rate of abuse was 4 times higher among lower income children (16.6 per 1,000 children in this income category, or 275,500 children nationwide) than among the children in higher income families (4.1 per 1,000, or 190,200 children nationwide). Neglect was nearly 8 times higher for the lower income children (17.3 per 1,000 or 287,800 children) compared to those from the higher income families (2.2 per 1,000 or 103,200 children). This affected the relative proportions of children who were abused vs. neglected in each case. The general pattern (discussed in Chapter 3) was for abuse to be more frequent than neglect. That was the case for upper income children, whose rate of abuse represented 67% of maltreatment in that group and whose rate of neglect represented only 36% of maltreatment. Among lower income children, however, the rates of abuse and neglect were quite similar, with abused and neglected children representing 51% and 54% of all those maltreated, respectively.

**Income Differences in Abuse.** Physical abuse was 3½ times more frequent among lower income children; sexual abuse was 5 times more frequent for children from the lower income families; and emotional abuse was nearly 4½ times more frequent for the lower income group. Despite the dramatic overall elevation of the incidence of abuse in the lower income group, the general pattern identified in Chapter 3 of physical abuse being more frequent than either sexual or emotional abuse held for both income groups.

Table 5-5. Differences in maltreatment based on family income: original definitions

| | Category | Less than $15,000 | $15,00 or more |
|---|---|---|---|
| RATES[a] | All Maltreatment | 32.3 | 6.1 |
| | All Abuse | 16.6 | 4.1 |
| | Physical Abuse | 8.4 | 2.4 |
| | Sexual Abuse | 4.5 | 0.9 |
| | Emotional Abuse | 4.8 | 1.1 |
| | All Neglect | 17.3 | 2.2 |
| | Physical Neglect | 6.9 | 0.7 |
| | Educational Neglect | 10.1 | 1.3 |
| | Emotional Neglect | 1.5 | 0.3 |
| | Fatal Injury/Impairment | 0.03 | 0.01 |
| | Serious Injury/Impairment | 6.0 | 0.8 |
| | Moderate Injury/Impairment | 22.4 | 4.7 |
| | Probable Injury/Impairment | 4.0 | 0.6 |
| TOTALS[b] | All Maltreatment | 537,400 | 282,500 |
| | All Abuse | 275,500 | 190,200 |
| | Physical Abuse | 139,800 | 109,400 |
| | Sexual Abuse | 74,300 | 43,100 |
| | Emotional Abuse | 79,100 | 52,300 |
| | All Neglect | 287,800 | 103,200 |
| | Physical Neglect | 115,300 | 31,800 |
| | Educational Neglect | 167,300 | 58,400 |
| | Emotional Neglect | 25,100 | 14,900 |
| | Fatal Injury/Impairment | 500 | 300 |
| | Serious Injury/Impairment | 99,100 | 38,400 |
| | Moderate Injury/Impairment | 372,000 | 217,100 |
| | Probable Injury/Impairment | 65,900 | 26,700 |

[a]Per 1,000 children from families in that income category in the population.

[b]Total number of children not adjusted by population totals.

NOTE: Family income was unknown for 20% of the cases. See footnote 2.

**Income Differences in Neglect.** Incidence rates for all forms of neglect were considerably higher for the lower income children: physical neglect was nearly 10 times as frequent, educational neglect close to 8 times as frequent, and emotional neglect 5 times more frequent among children from lower income families. Still, the overall ordering of educational neglect > physical neglect > emotional neglect held true for all children, regardless of their family income level.

**Income Differences in Severity of Injury/Impairment.** As shown in Table 5-5, children from lower income families experienced more injury/impairment than did children from upper income families although the difference for fatalities was only statistically marginal. Among children from lower income families, fatalities were 3 times more frequent; serious injuries/impairments were 7½ times as frequent; moderate harm occurred at nearly 5 times the higher income rate; and probable injuries/impairments were almost 7 times as frequent for the children from the higher income families.

The most frequent category of injury/impairment resulting from maltreatment in both groups, as in the overall pattern seen in Chapter 3, was the moderate level, representing 69% of the injury/impairment in the lower income group and 77% in the upper income group. Serious injuries were second most frequent for both groups (19% for lower income and 13% for higher income children), followed closely by probable injuries (12% for lower income children and 10% for higher income children). Fatalities were the least frequent injury for all children, accounting for less than 0.2% of injuries regardless of income level.

### 5.4.2 Family Income Effects (Using Revised Definitions)

The same pervasive effects of family income were apparent when maltreatment was defined using the revised definitions. Significant differences between the income groups emerged in every category of maltreatment and injury/impairment except fatalities, and for that category the income-related difference approached significance (i.e., was statistically marginal). Table 5-6 presents the incidence of maltreatment according to family income under the revised definitions.

Table 5-6. Differences in maltreatment based on family income: revised definitions

| | Category | Less than $15,000 | $15,00 or more |
|---|---|---|---|
| RATES[a] | All Maltreatment | 54.0 | 7.9 |
| | All Abuse | 19.9 | 4.4 |
| | Physical Abuse | 10.2 | 2.5 |
| | Sexual Abuse | 4.8 | 1.1 |
| | Emotional Abuse | 6.1 | 1.2 |
| | All Neglect | 36.8 | 4.1 |
| | Physical Neglect | 22.6 | 1.9 |
| | Educational Neglect | 10.1 | 1.3 |
| | Emotional Neglect | 6.9 | 1.5 |
| | Fatal Injury/Impairment | 0.03 | 0.01 |
| | Serious Injury/Impairment | 6.0 | 0.9 |
| | Moderate Injury/Impairment | 30.9 | 5.5 |
| | Probable Injury/Impairment | 5.4 | 0.9 |
| | Severity-Endangered | 11.7 | 0.6 |
| TOTALS[b] | All Maltreatment | 897,700 | 367,100 |
| | All Abuse | 330,300 | 204,100 |
| | Physical Abuse | 169,200 | 117,800 |
| | Sexual Abuse | 90,600 | 49,700 |
| | Emotional Abuse | 100,800 | 53,600 |
| | All Neglect | 611,800 | 188,900 |
| | Physical Neglect | 375,900 | 85,800 |
| | Educational Neglect | 168,300 | 58,400 |
| | Emotional Neglect | 114,400 | 70,200 |
| | Fatal Injury/Impairment | 500 | 300 |
| | Serious Injury/Impairment | 99,300 | 41,000 |
| | Moderate Injury/Impairment | 513,300 | 254,600 |
| | Probable Injury/Impairment | 90,000 | 41,000 |
| | Severity-Endangered | 194,600 | 30,100 |

[a]Per 1,000 children from families in that income category in the population.

[b]Total number of children not adjusted by population totals.

NOTE: Family income was unknown for 20.2% of the cases. See footnote 2.

Overall maltreatment under the revised definitions was almost 7 times more frequent among children from families whose income was less than $15,000 in 1986 (54.0 per 1,000 or 897,700 children nationwide) than among those from higher income families (7.9 per 1,000 or 367,100 overall). Abuse was 4½ times more frequent and neglect was nearly 9 times more frequent among lower income as compared to upper income children. (See Table 5-6 for rates and totals.)

The pattern discussed in Chapter 3 (where, under the revised definitions, neglect represented a greater percentage of all maltreatment than abuse) held for the lower income group, where 68% of the children experienced neglect (36.8 per 1,000) as compared to 37% (19.9 per 1,000) having experienced abuse. In contrast, among the upper income children, the proportions were approximately equivalent, with 51% (4.1 children per 1,000) of the upper income children having experienced neglect and 56% (4.4 children per 1,000) having experienced abuse.

**Income Differences in Abuse.** As shown in Table 5-6, in every category of abuse, children from lower income families were significantly more abused than those from upper income families. They were more than 4 times as likely to be physically abused or sexually abused and more than 5 times as likely to be emotionally abused. The relative frequencies of the different types of abuse within each group resembled that for the overall findings, with physical abuse the most frequent, followed by emotional and then by sexual abuse, although for upper income children the rates of emotional and sexual abuse were essentially equivalent.

**Income Differences in Neglect.** There were income-related differences in all categories of neglect. Children from lower income families were nearly 12 times as often physically neglected; were nearly 8 times as likely to be educationally neglected, and were emotionally neglected at more than 4½ times the rate of high income children. A greater proportion of the neglect of lower income children was physical (61%) than was the case among upper income children (46%). Educational neglect was more frequent than emotional neglect among lower income children (where it represented 27% of neglect, compared to the 19% represented by emotional neglect). Among upper income children, however, emotional neglect was about as frequent as educational neglect (representing 37% and 32% of neglect, respectively).

**Income Differences in Severity of Injury/Impairment.** At every level of severity, lower income children experienced more injury/impairment than upper income children. They suffered 3 times the fatalities, nearly 7 times the serious injuries, more than 5½ times the moderate injuries, and 6 times the probable injuries compared to the higher income children. Lower income children were considered endangered by maltreatment 19½ times as frequently as the higher income children. The distribution of the different severity levels within each income group essentially paralleled that of children overall. Moderate injury/impairment was by far the most frequently experienced level, representing 57% of the injury/impairment in the lower income group and 70% in the upper income group. The only deviation from the general pattern presented in Chapter 3 was that, while the endangered category was the second most frequent category for children overall and for lower income children, it was the least frequent category for children from the higher income families.

### 5.4.3 1980-1986 Differences Related to Family Income

Family income failed to affect any of the overall 1980-1986 differences. Thus, the changes described in Chapter 3 held equally well for both higher and lower income families.

### 5.4.4 Summary of Family Income as a Risk Factor

Low income was a significant risk factor for child maltreatment. Under the original study definitions, children from families whose 1986 income was less than $15,000 experienced significantly more maltreatment than those from families earning $15,000 or more. There was more frequent maltreatment and injury/impairment in every subcategory among the lower income children. The findings indicate that family income is a potent predictor of child maltreatment and of maltreatment-related injuries/impairments by any set of definitional standards.

Mr. RANGEL. Sure it goes up. And how about those that are unemployable, those that are on welfare?

Ms. ROBINSON. I don't know that there is data on that issue.

Mr. RANGEL. Those on alcohol, those that are addicted.

Ms. ROBINSON. There is also child abuse found in families that——

Mr. RANGEL. I know, but we are talking about foster care, and the only way we can talk about family values is when we pull the sheets off of people. We don't know about the lack of family values with those people that keep it locked indoors. That isn't under congressional scrutiny. However, is it safe to say that if we concentrated on improving the school system and providing training and job opportunity, that it would dramatically reduce the number of problems that we are now having in foster care?

Ms. ROBINSON. There is definitely data to show that poor people, unemployed people, people with those types of stress in their life, often take that out on their children, and so low education level——

Mr. RANGEL. So evidence begins to show that the States will know how to better tackle the problem—the problems—I mean, evidence of lack of education and job opportunities in poorer communities, that they are better equipped to handle this than the U.S. Government?

Ms. ROBINSON. I haven't seen evidence either way, sir.

Mr. RANGEL. And if we were talking about Federal funds—no, no, that is a political question.

Thank you so much.

Chairman SHAW. Mr. English.

Mr. ENGLISH. Thank you.

Again, I want to thank Ms. Robinson for coming in and presenting to us some very enlightening statistics and a wonderful overview. I had a couple of followups.

I noticed in your material you did not offer any evidence, and perhaps because it isn't purely statistical in nature, with regard to the demand for adoptions and the unmet demand for adoptions. Do you have any information you can offer us about the extent of that?

Ms. ROBINSON. In terms of women seeking or parents seeking to adopt?

Mr. ENGLISH. Parents, couples seeking to adopt children and being unable to.

Ms. ROBINSON. There is really 1 study that was done in 1988 in which I referred to the 200,000 women who actively sought to adopt. That same study had a figure of 2 million women who had at least made a phone call to an adoption agency. Actively sought is actually went over to an adoption agency and things like that. There is not a lot of information in terms of women who have fertility problems and how many of them want to adopt. That is the only study that I have seen, the 1988 study.

Mr. ENGLISH. You also reference the decline in international adoptions, and you specifically reference the change of policy in Korea. I was wondering, are there any other policy factors that are precipitating this decline in international adoptions?

Ms. ROBINSON. Not that I know of. International adoption really does depend on what is happening in various countries. For exam-

ple, the numbers of international adoptions probably would have decreased more if Russia and Romania hadn't released more children for adoption in the past couple of years. So it really has less to do sometimes with what we are doing in this country and more with what is happening in other countries.

Mr. ENGLISH. Is there any evidence with regard to the cost sensitivity of international adoptions and the impact of cost on the level of adoption?

Ms. ROBINSON. It is definitely the case that the average figure I have seen lately on the cost of international adoptions is $10,000 to $15,000, and that would be prohibitive for some people.

Mr. ENGLISH. So this is probably an area where the adoption credit that was included in the tax policy, and by some has been popishly called tax cuts for the rich, might be helpful?

Ms. ROBINSON. Correct.

Mr. ENGLISH. Regarding the growth of relative foster care, can you give us any other information that would illuminate why relatives adopt foster children at a lower rate than nonrelatives?

Ms. ROBINSON. There is often, it appears to be, a sense within the relative home that they don't necessarily want to be responsible for terminating the parental rights of the mother or the biological father and want to keep some ties between the child and the biological parents, and they feel that the child is with their relatives and so therefore there is no need for an actual court ordered adoption, that the child is being cared for in the relative's home.

Mr. ENGLISH. Also, and again this may require some speculation on your part, but one of the troubling things that we attempted to address this spring was the long wait for minority children available for adoptive placement. And this is particularly troubling, because you note that in your statistics that older adopted children are less likely to have a successful adoption. And I wonder if you can give us—and perhaps Mr. Ford was trying to get at this when he was talking about legal barriers to adoption—an example of any research that would guide us on why there is a longer wait for minority children?

Ms. ROBINSON. Definitely with more minority children being in the system in general, it would be harder to place them. I think there are some people on the next panels who may be able to better explain why minority children are harder to adopt.

Mr. ENGLISH. And I will explore that with them.

Thank you, Mr. Chairman. I have no further questions.

Chairman SHAW. Mr. Ensign.

Mr. ENSIGN. Thank you, Mr. Chairman.

First of all, let me just address something because we had this during the welfare hearings, and Mr. Ford, I think you had criticized someone for talking about illegitimate children, and I thought it was a very good point at the time to stop referring to children as illegitimate.

I would also caution, Mr. Rangel, you have brought up and I have heard this quite a bit, and I think we need to get away from saying unwanted children. They may be unwanted by a certain parent, but we are all unwanted by a lot of different people and I think that these children are wanted by somebody.

Mr. RANGEL. Makes a lot of sense.

Mr. ENSIGN. I appreciate that.

A couple questions that I have for you is that you mentioned earlier abortion. Does anybody have any statistics on the rate of abortion decreasing the number of adoptions or anything? You mentioned that that was one of the reasons there aren't as many adoptions.

Ms. ROBINSON. I can get you data on the numbers of abortions.

Mr. ENSIGN. I would appreciate that.

[The following was subsequently received:]

Data from the Centers for Disease Control (CDC) indicate that the number of reported abortions has remained fairly stable for the past few years. The CDC *Morbidity and Mortality Weekly Report* from May 5, 1995, indicates that in 1991 (the latest year available) there were 1,388,937 reported legal abortions in the United States. Since 1980 the number of reported legal abortions has remained at 1.3 to 1.4 million each year. (See attached table.)

**TABLE 1. Characteristics of women who obtained legal abortions — United States, selected years, 1972–1991**

| Characteristic | 1972 | 1973 | 1976 | 1980 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Reported no. of legal abortions** | 586,760 | 615,831 | 988,267 | 1,297,606 | 1,328,570 | 1,328,112 | 1,353,671 | 1,371,285 | 1,396,658 | 1,429,577 | 1,388,937 |
| | Percent distribution* | | | | | | | | | | |
| **Residence** | | | | | | | | | | | |
| In-state | 56.2 | 74.8 | 90.0 | 92.6 | 92.4 | 92.4 | 91.7 | 91.4 | 91.0 | 91.8 | 91.6 |
| Out-of-state | 43.8 | 25.2 | 10.0 | 7.4 | 7.6 | 7.6 | 8.3 | 8.6 | 9.0 | 8.2 | 8.4 |
| **Age (yrs)** | | | | | | | | | | | |
| ≤19 | 32.6 | 32.7 | 32.1 | 29.2 | 26.3 | 25.3 | 25.8 | 25.3 | 24.2 | 22.4 | 21.0 |
| 20–24 | 32.5 | 32.0 | 33.3 | 35.5 | 34.7 | 34.0 | 33.4 | 32.8 | 32.6 | 33.2 | 34.4 |
| ≥25 | 34.9 | 35.3 | 34.6 | 35.3 | 39.0 | 40.7 | 40.8 | 41.9 | 43.2 | 44.4 | 44.6 |
| **Race** | | | | | | | | | | | |
| White | 77.0 | 72.5 | 66.6 | 69.9 | 66.6 | 67.0 | 66.4 | 64.4 | 64.2 | 64.8 | 63.8 |
| Black | 23.0† | 27.5† | 33.4† | 30.1† | 29.8 | 28.7 | 29.3 | 31.1 | 31.2 | 31.8 | 32.5 |
| Other§ | — | — | — | — | 3.5 | 4.3 | 4.3 | 4.5 | 4.6 | 3.4 | 3.7 |
| **Hispanic origin** | | | | | | | | | | | |
| Hispanic | — | — | — | — | — | — | — | — | — | 9.8 | 13.5 |
| Non-Hispanic | — | — | — | — | — | — | — | — | — | 90.2 | 86.5 |
| **Marital status** | | | | | | | | | | | |
| Married | 29.7 | 27.4 | 24.6 | 23.1 | 19.3 | 20.2 | 20.8 | 20.3 | 20.1 | 21.7 | 21.4 |
| Unmarried | 70.3 | 72.6 | 75.4 | 76.9 | 80.7 | 79.8 | 79.2 | 79.7 | 79.9 | 78.3 | 78.6 |
| **No. of live births¶** | | | | | | | | | | | |
| 0 | 49.4 | 48.6 | 47.7 | 58.4 | 56.3 | 55.1 | 53.6 | 52.4 | 52.2 | 49.2 | 47.8 |
| 1 | 18.2 | 18.8 | 20.7 | 19.4 | 21.6 | 22.1 | 22.8 | 23.4 | 23.6 | 24.4 | 25.3 |
| 2 | 13.3 | 14.2 | 15.4 | 13.7 | 14.5 | 14.9 | 15.5 | 16.0 | 15.9 | 16.9 | 17.5 |
| 3 | 8.7 | 8.7 | 8.3 | 5.3 | 5.1 | 5.3 | 5.5 | 5.6 | 5.7 | 6.1 | 6.4 |
| ≥4 | 10.4 | 9.7 | 7.9 | 3.2 | 2.5 | 2.6 | 2.6 | 2.6 | 2.6 | 3.4 | 3.0 |
| **Type of procedure** | | | | | | | | | | | |
| Curettage | 88.6 | 88.4 | 92.8 | 95.5 | 97.5 | 97.0 | 97.2 | 98.6 | 98.8 | 98.8 | 98.9 |
| Suction curettage | 65.2 | 74.9 | 82.6 | 89.8 | 94.6 | 94.5 | 93.4 | 95.1 | 97.1 | 96.0 | 97.3 |
| Sharp curettage | 23.4 | 13.5 | 10.2 | 5.7 | 2.9 | 2.5 | 3.8 | 3.5 | 1.7 | 2.8 | 1.6 |
| Intrauterine instillation | 10.4 | 10.4 | 6.0 | 3.1 | 1.7 | 1.4 | 1.3 | 1.1 | 0.9 | 0.8 | 0.7 |
| Other** | 1.0 | 1.2 | 1.2 | 1.4 | 0.8 | 1.6 | 1.5 | 0.3 | 0.3 | 0.4 | 0.4 |
| **Weeks of gestation** | | | | | | | | | | | |
| ≤8 | 34.0 | 36.1 | 47.0 | 51.7 | 50.3 | 51.0 | 50.4 | 48.7 | 49.8 | 51.6 | 52.3 |
| 9–10 | 30.7 | 29.4 | 28.1 | 26.2 | 26.6 | 25.8 | 26.0 | 26.4 | 25.8 | 25.3 | 25.1 |
| 11–12 | 17.5 | 17.9 | 14.4 | 12.2 | 12.5 | 12.2 | 12.4 | 12.7 | 12.6 | 11.7 | 11.5 |
| 13–15 | 8.4 | 8.9 | 4.5 | 5.1 | 5.9 | 6.1 | 6.2 | 6.6 | 6.6 | 6.4 | 6.1 |
| 16–20 | 8.2 | 8.0 | 5.1 | 3.9 | 3.9 | 4.1 | 4.2 | 4.5 | 4.2 | 4.0 | 3.9 |
| ≥21 | 1.2 | 1.7 | 0.9 | 0.9 | 0.8 | 0.8 | 0.8 | 1.1 | 1.0 | 1.0 | 1.1 |

* Because the number of states that reported each characteristic varies from year to year, temporal comparisons should be made cautiously. Percentage distributions are based on data from all areas reporting a given characteristic and exclude unknown values.
† Reported as black and other races.
§ Includes all other races.
¶ For 1972–1978, data indicate number of living children.
** Includes hysterotomy and hysterectomy.
— Not available.

Mr. ENSIGN. Also, you mentioned international adoption. Does the international adoption, when we see that go up, does that hurt special-needs children or kids that are wanting to be adopted out of the foster children here?

In other words, when we see the international adoptions go up, does that keep kids in foster care longer in this country or special-needs kids longer?

Ms. ROBINSON. It appears that when parents look to adopt, they try many different routes. They often try private adoption here in the United States first.

Mr. ENSIGN. Does that include those special-needs-type children?

Ms. ROBINSON. Yes. Some people adopt because they really do want to give a child from another country a home, and that is their prime goal. With less than 10,000 foreign adoptions a year, that number really wouldn't be offset too much by the special-needs adoption. We have way over that in terms of numbers of special-needs children that need to be adopted here.

But there are definitely different motives. There are people who sometimes just want a child and often they don't have the money to adopt internationally, but they might want to, so they adopt domestically, and vice versa. I can't really say that one offsets the other.

Mr. ENSIGN. OK.

Thank you, Mr. Chairman.

Chairman SHAW. Mrs. Kennelly.

Mrs. KENNELLY. Thank you, Mr. Chairman.

I apologize for being late and ask permission to put an opening statement in the record.

Chairman SHAW. All Members are invited to put an opening statement in the record.

[The following was subsequently received:]

BARBARA B. KENNELLY
THE WAYS AND MEANS SUBCOMMITTEE ON HUMAN RESOURCES
HEARING ON ADOPTION AND FOSTER CARE

MAY 10, 1995

I would like to commend the Chairman for calling this hearing on how best to strengthen families, promote adoption, and protect children. Unfortunately, it comes about six weeks too late.

It strikes me as ironic that we are now discussing how the federal government might best meet the needs of children and families after the House recently voted to completely abdicate that responsibility to the states. I wish we could have had this hearing before we repealed almost every federal program designed to protect children.

I understand that part of the impetus for this hearing was a case in Florida in which foster parents were forced to relinquish custody of a girl to her biological relatives. This case raised important questions, including -- what are the appropriate steps that should be taken to reunite children with their biological families?

Regrettably, HR 4 has very little to say about this issue or about the larger issues of improving foster care and promoting adoption. In fact, the bill would actually repeal federal adoption assistance payments to families adopting "special needs" children, who represent the largest group of children still waiting to make the leap from foster care to adoption. The legislation would also reduce from current law overall funding levels for foster care, adoption assistance and child protection, even though these services will be needed more, not less, as HR 4 forces more families off welfare.

As late as today's proceedings might be, I am still hopeful that we might illuminate how both current law and pending legislation might not always address the needs of the child. This is the bottom line that both Democrats and Republicans need to focus on.

Thank you, Mr. Chairman.

Mrs. KENNELLY. I just would like to ask, Ms. Robinson, have you got any numbers to—I think, and I believe I read that single mothers—or single women are adopting more, and I wonder if, that is due to them being economically able to adopt, or is it the fact that it is becoming more accepted?

And if it is because they are more economically able, because they got into careers, kind of forgot about that biological clock, is there anything being done to encourage a woman who finds herself wanting very much to be a mother and yet not being able to be a mother?

Ms. ROBINSON. I don't have data in terms of the economic status of those women. Partly single-parent adoptions are going up because in some States, they desperately need adoptive and foster family homes, and so they are branching out beyond the two-parent couple, gay parents, single parents, older parents. They are letting people adopt more often, just partly because of the number of children in the system.

I haven't seen information on the economic status of single women who adopt.

Mrs. KENNELLY. Thank you.

Thank you, Mr. Chairman.

Chairman SHAW. Ms. Dunn.

Ms. DUNN. Thank you very much, Mr. Chairman.

I did want to refer to one of the comments in your brief that you provided our committee that talked about that more black children stay in care longer than white children do. Is there a relationship between that and the Civil Rights Act of 1964, that we are interested in reviewing, so that we will be able to move these children out more quickly into adoptive families?

Ms. ROBINSON. I am sorry; can you clarify a little bit?

Ms. DUNN. The consideration of the race of the family, is that relative to this figure that shows us that more black children are held in foster care for a longer period of time than white children are?

Is there a difficulty in finding black families, and is the emphasis placed too greatly on that aspect?

Ms. ROBINSON. There are States that—or agencies that find it hard to find black families for some of these children, or take longer to find black families, and so they go through churches and they spend a lot more time trying to find people who would be willing to take some of these children.

Ms. DUNN. But in my understanding of the original intent of that law, race was not to have been the deciding factor. It was one of many factors. Do you think that intent has changed?

Ms. ROBINSON. That is correct, and most States have some kind of written guideline or policy that talks about race being one of many different factors, including things like looking for relatives for the child, whoever would suit the best interests of the child. But States are very different in terms of how they apply those rules.

Ms. DUNN. But that should not be a precluding factor in placing a black child with a family.

Ms. ROBINSON. No, it shouldn't.

Ms. DUNN. Thank you.

Chairman SHAW. Ms. Lee, would you like to inquire?

Ms. JACKSON-LEE. Mr. Chairman, thank you very much.

I just had one question. I notice an inquiry was made about African-American children. I note in some of the materials, you have indicated that it falls upon minority children in terms of some of them remaining in foster care. For example, I think you cited statistics of Hispanics in New Mexico, and so would you say that it reaches children of that ilk, if you will, in different parts of the country?

Ms. ROBINSON. Correct, and Indian children in certain States, all minority children, not just black children.

Ms. JACKSON-LEE. So when we begin to study the issue, we may see some sort of continuing theme that might warrant some response by the Congress?

Ms. ROBINSON. Correct, to try to get those children adopted, yes.

Ms. JACKSON-LEE. Thank you.

Thank you, Mr. Chairman.

Chairman SHAW. Go ahead.

Mr. FORD. Mr. Chairman, I want to follow up on a couple of questions, if it is all right.

Chairman SHAW. Go ahead.

Mr. FORD. Ms. Robinson, I was looking at some of the information on the minority children and information on black children who are in foster care. Currently, States have most of the jurisdiction in the adoption area and under H.R. 4, States would have even more. Looking at your data from Detroit, 80 percent of the kids in foster care are black children who have been there for a long period of time. Why would we want to give States any more control, when they have not been able to address the adoption problems of minority children?

And you made reference to use—I don't know whether you knew it or not, but you sort of agreed with Congressman English a minute ago. When I made reference to the tax bill is for the rich, we talked about the adoption credit. Those who would benefit from the adoption tax credit would be the rich. African-American families who would likely adopt these children would fall in the income ranges from $15,000 to $35,000 a year. These families would not benefit from this rich man's tax cut bill that the Republicans passed. You indicated you agreed with Congressman English that it was not a tax cut for the rich.

Do you see the adoption credit having an impact on minority kids? This is where we have the real problem in the foster care and adoption programs?

Ms. ROBINSON. I am not as familiar with the tax credit in terms of what income levels it would apply to.

Mr. FORD. But you said yes as though you agreed with him.

Ms. ROBINSON. I don't believe I did that. I didn't mean to do that. It would apply to all families wanting to adopt children, as long as they have a taxable income, they would qualify for that program.

Mr. FORD. Right.

Ms. ROBINSON. And so therefore, I don't really know——

Mr. FORD. Do you have any information regarding the income level of African-American families and other minority families, that want to adopt. Are they low-income working families who adopt? Do families with two or three children in the household express an interest in adopting children?

Ms. ROBINSON. I don't know that for sure. I know that often with black children, older parents who have raised their children already would have some type of——

Mr. FORD. You are speaking of the grandparents?

Ms. ROBINSON. Or just people who are in their fifties and have adult kids, or whatever, and now are ready to give support to another child.

Mr. FORD. Do you know what income brackets they fall within?

Ms. ROBINSON. I don't have that information but I can look for it.

[The following was subsequently received:]

Information from a study in 1990 by the National Center for Health Statistics presents information on the income levels of ever-married women from 20–44 years of age who had ever adopted a child. Data for this study are from the 1982 and 1987 National Survey of Family Growth. Out of a total number of 38,077 women studied in 1987, 17 percent of women had an income of under $15,000; 20 percent of women had an income of $15,000 to $24,999; 19 percent of women had an income of $25,000 to $34,999; and 33 percent of women had an income of $35,000 or more. Of the women surveyed, 32,894 were white and 3,111 were black. (See attached table.)

Number 181 • January 5, 1990

Advance Data

From Vital and Health Statistics of the National Center for Health Statistics

# Adoption in the 1980's

by Christine A. Bachrach, Ph.D., National Institute of Child Health and Human Development
Patricia F. Adams, Division of Health Interview Statistics, National Center for Health Statistics
Soledad Sambrano, Ph.D., Administration for Children, Youth and Families
Kathryn A. London, Ph.D., Division of Vital Statistics, National Center for Health Statistics

## Introduction

Adoption has long provided a mechanism for the care of children whose biological parents are unable to provide for them and an alternative means of creating a family for couples unable to have biological children. During most of the 1970's and 1980's, when legal abortion and the development of new reproductive technologies created additional alternatives to unwanted pregnancy and infertility, there has been a need for information on adoption trends, on the characteristics of children placed for adoption, on the characteristics of adoptive families and persons seeking adoption, and on the outcomes for children, biological parents, and adoptive parents. This information is necessary for formulation of adoption policies at the Federal level as well as for State and local public child welfare agencies. Three major developments in recent years have heightened the need for information: (1) the emphasis on finding permanent homes for children in the foster care system; (2) the belief that all waiting children are "adoptable"; and (3) the belief that foster families could serve as permanent families for children who could not return to their own families.

Despite the salience of these issues, information about adoption in the United States is very limited. Information on adoptions arranged through the public sector has been available since 1982, when the Office of Human Development Services implemented the Voluntary Cooperative Information System (VCIS) to collect data annually from State child welfare agencies on children in substitute care (1). National estimates of all types of adoption have not been produced by the Federal Government since the mid-1970's (2). Estimates have been developed by a private organization for 1982 and 1986, but are subject to variability in the completeness of reporting from State to State (3,4). These national estimates are used for indicating likely trends in adoption and for describing a limited number of characteristics, but cannot be used to assess the determinants and consequences of adoption on the individual level.

This report presents information on adoptions reported by a national sample of women 20–54 years of age in 1987. Results suggest that the proportion of ever-married women 20–44 years of age who have ever adopted may have declined during the mid-1980's; that the proportion of unrelated adoptions (those in which the adoptive parent and child are not related before the adoption) in which children are placed in adoptive homes as infants may be lower in the 1980's than in the 1970's; and that the proportion of unrelated adoptions involving white adoptive mothers was lower in the 1980's than in the 1970's. The results also indicate that the proportions who have adopted unrelated children are lower among black women and women of Hispanic origin than among nonminority women, and lower among women of low socioeconomic status, as indicated by educational and income level, compared with their more advantaged counterparts. Interracial adoptions, which constituted about 8 percent of all adoptions reported by women 20–54 years of age, consisted primarily

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
National Center for Health Statistics
Manning Feinleib, M.D., Dr. P.H., Director

**Table 1. Number of ever-married women 20–44 years of age and percent who ever adopted a child, by relationship to child before the adoption, and selected characteristics: United States, 1982 and 1987**

[Data are based on household interviews of the civilian noninstitutionalized population. The survey designs, general qualifications, and information on the reliability of the estimates are given in the technical notes]

| Characteristic | Number of ever-married women in thousands | Relationship to child | | |
|---|---|---|---|---|
| | | Any child[1] | Unrelated child | Related child |
| | | Percent | | |
| **1987 National Health Interview Survey** | | | | |
| Total[2] | 38,077 | 1.7 | 1.3 | *0.4 |
| Age at interview: | | | | |
| 20–24 years | 4,596 | *0.1 | *0.1 | *0.0 |
| 25–29 years | 8,218 | 0.6 | *0.3 | *0.2 |
| 30–34 years | 9,186 | 1.5 | 1.1 | *0.3 |
| 35–39 years | 8,799 | 2.4 | 1.9 | *0.3 |
| 40–44 years | 7,277 | 3.4 | 2.8 | *0.4 |
| Marital status: | | | | |
| Currently married | 31,695 | 1.6 | 1.4 | 0.2 |
| Previously married | 6,382 | 1.3 | 1.0 | *0.4 |
| Race: | | | | |
| White | 32,894 | 1.8 | 1.4 | 0.2 |
| Black | 3,770 | 1.5 | *0.8 | *0.6 |
| Hispanic origin: | | | | |
| Hispanic | 3,111 | *0.8 | *0.4 | *0.4 |
| Non-Hispanic | 34,788 | 1.8 | 1.4 | 0.3 |
| Education: | | | | |
| Less than 12 years | 5,367 | 1.0 | *0.5 | *0.5 |
| 12 years | 16,705 | 1.5 | 1.1 | *0.2 |
| 13 years or more | 15,842 | 2.2 | 1.9 | *0.2 |
| Family income: | | | | |
| Below poverty | 3,614 | *0.9 | *0.4 | *0.5 |
| At or above poverty | 32,393 | 1.9 | 1.5 | 0.2 |
| Under $15,000 | 6,399 | 0.9 | *0.4 | *0.4 |
| $15,000–24,999 | 7,462 | 1.6 | 1.2 | *0.3 |
| $25,000–34,999 | 7,398 | 1.8 | 1.4 | *0.2 |
| $35,000 or more | 12,713 | 2.3 | 1.9 | *0.2 |
| **1982 National Survey of Family Growth** | | | | |
| Total[2] | 34,253 | 2.2 | 1.7 | *0.4 |
| Age at interview: | | | | |
| 20–24 years | 4,818 | *0.7 | *0.0 | *0.7 |
| 25–29 years | 7,778 | *0.9 | *0.9 | *0.0 |
| 30–34 years | 8,218 | *3.1 | *2.9 | *0.3 |
| 35–39 years | 7,349 | *2.1 | *1.6 | *0.4 |
| 40–44 years | 6,090 | *4.3 | *2.9 | *0.9 |
| Marital status: | | | | |
| Currently married | 27,620 | 2.2 | 1.8 | *0.3 |
| Previously married | 6,633 | *2.5 | *1.5 | *1.0 |
| Race: | | | | |
| White | 30,419 | 2.3 | 1.9 | *0.3 |
| Black | 3,440 | *1.6 | *0.9 | *0.6 |
| Hispanic origin: | | | | |
| Hispanic | 2,773 | *0.7 | *0.2 | *0.6 |
| Non-Hispanic | 31,480 | 2.4 | 1.9 | *0.4 |
| Education: | | | | |
| Less than 12 years | 6,576 | *1.6 | *0.4 | *1.2 |
| 12 years | 14,844 | *2.3 | *2.0 | *0.2 |
| 13 years or more | 13,515 | *2.5 | *2.1 | *0.3 |
| Family income: | | | | |
| Below poverty | 4,128 | *2.2 | *0.8 | *1.4 |
| At or above poverty | 30,807 | 2.3 | 1.9 | *0.3 |
| Under $15,000 | 7,014 | *2.3 | *1.6 | *0.7 |
| $15,000–24,999 | 7,575 | *2.0 | *1.8 | *0.3 |
| $25,000–34,999 | 6,326 | *2.8 | *2.7 | *0.2 |
| $35,000 or more | 6,558 | *2.3 | *1.7 | *0.3 |

[1] The sum of the percents who adopted unrelated and related children may not equal the percent who adopted any child because of missing information and women who adopted children in both categories.

[2] Includes women of other races and women for whom information on specific characteristics is not ascertained.

Mr. FORD. In your capacity with the Congressional Research Service, this is all, you know, looking at numbers and collecting data has been your focus?

Ms. ROBINSON. Correct.

Mr. FORD. You have no experience in going out to site visits and dealing with these agencies directly to feel the real impact. This is just data that you have collected through——

Ms. ROBINSON. Correct, and that is what I stated in my memo.

Mr. FORD. Thank you.

Chairman SHAW. Ms. Robinson, in making adoptions, do most of the States consider the income of the applicant for adoption?

Ms. ROBINSON. They will in terms of giving—if there is a special-needs child, giving them special-needs payments.

Chairman SHAW. So on any child, do they take into consideration the home environment, whether the prospective parents can afford these kids?

Ms. ROBINSON. Most definitely.

Chairman SHAW. And based upon that, would it be right to assume that most of the people, almost all of the people who are adopting are taxpayers?

Ms. ROBINSON. I would think that is correct—especially if they qualify for the adoption assistance program.

Chairman SHAW. Just about all adoptive parents will be able to take the tax credit that Mr. Ford is referring to.

Ms. ROBINSON. As long as they have taxable income.

Chairman SHAW. Yes.

Mr. FORD. Taxable income. I think that is the big question, Mr. Chairman, that we ought to make note of. The family with two children earning $22,000 a year, it would not help them—benefit them at all as it relates to this tax package, but a person who is earning more than $100,000 a year certainly would receive a total of $5,000, and that is why we say that you are going to once again give the rich——

Chairman SHAW. Reclaiming my time, I think most of the people making even $30,000 or $40,000 a year, which is middle-class America, do pay taxes and will get the tax credit. I don't want to beat this thing to death and I am finding a little difficulty in my opening statement calling this a nonpartisan or bipartisan type of hearing, but we will leave that one right there.

Ms. Robinson, I want to thank you very much.

Mr. RANGEL. Mr. Chairman, can I ask a question?

Chairman SHAW. Yes, certainly.

Mr. RANGEL. I would like to follow up on Ms. Dunn's question, and it appeared from her question and your answer that we are in total agreement that one should not be precluded from adopting a child because of the race of the adoptive parents.

My question along that line is that even though you don't have field experience, based on your research and your knowledge of the criteria of adoption, would you believe that race should never be a factor in what is in the best interest of the child and that a policy of first come, first served, based on eligibility, that race should not be considered at all?

Ms. ROBINSON. Most States do have race as a factor, one of many factors.

Mr. RANGEL. Some of us in the Congress know better than those on the State level, and so I am asking, based on your experience, should we supersede those States that have a policy that race is a factor and put in that we are colorblind and socialworkers should be colorblind and that adoption agencies that are not colorblind would not receive Federal funds? Would that make any sense at all to you based on what you have read and studied?

Ms. ROBINSON. I can't exactly answer that. All I can do is say what States have done, and States, I believe, or adoption agencies know best.

Mr. RANGEL. Do you think my question is partisan or—is that the reason you can't answer? Is this embarrassing to you as a professional to ask whether common sense and judgment would dictate that a Federal policy that supersedes State policy where race is a factor, that we say that race is not a factor, that if I am in line and I want to adopt this blue-eyed white little baby and there are some white couples behind me, that I don't have a right to adopt that baby, notwithstanding what the social—I am not going to ask you any more.

Mr. MCCRERY. Would the gentleman yield?

Chairman SHAW. I will recognize Mr. McCrery.

Mr. MCCRERY. I just want to clarify.

I appreciate Mr. Rangel trying to get this out of the witness, but the fact is that the gentleman has implied that the policy that we adopted was something other than what we actually did. In fact, we do not tell the States that they cannot consider race in placing children for adoption. All we say is that if there are families of an opposite or different race wishing to adopt that child and there are no families of the same race and the same family of another race, you cannot adopt this child, thereby causing a delay in the placement of this child, that is not allowed. But they can certainly consider race if there are families of the same race and families of other races all wanting to adopt this child, then the placement agency certainly can consider race.

Mr. RANGEL. But you put this issue——

Mr. MCCRERY. The gentleman was misstating the policy.

Mr. RANGEL. Could you put this issue to bed once and for all from me and just describe now, and you will never hear another word from me, is, what is this delay business? What do you mean by delay? I understand exactly—I think we would be in accord that you shouldn't hold up a family running out there searching for someone who looks like the kid, so we are in accord there. But when you say color could be considered or race could be considered, what is considered a delay?

Because that is where the socialworkers are having the major problem. Can they go to the computer? Can they reach out to another community?

Let's talk about that, and I think maybe you and I—it is an interpretation of the legislation that you supported and I did not fight because I know it was well intended, but it is hearings like this that we can see what we have done and still continue to work to make certain what is the objective that the gentleman would want and I would want.

Thank you so much, Mr. Chairman.

Mr. MCCRERY. The object is to avoid an agency holding back an adoption of a child simply because there is no family wanting to adopt that child of the same race.

Mr. RANGEL. Ms. Dunn and I agree. The question is what is the interpretation of delay. And I am willing to check that out with staff and you so that before we go to conference, that we all can be reading from the same page.

Chairman SHAW. I will make that representation, Mr. Rangel, that we will look at that.

Mr. Levin.

Mr. LEVIN. Briefly. I am sorry I missed the testimony. There are two, as you maybe mentioned, two subcommittee hearings at the same time of Ways and Means, and I am going to have to leave again for a few minutes, but I will be back, I hope, for the end of the next panel.

I thank you very much, Mr. Chairman.

Chairman SHAW. Thank you, Sandy.

Now I will thank you, Ms. Robinson, for very nice testimony. We very much appreciate it.

We will certainly ask, as somewhat of a roadmap, as we proceed through the following panels. You were very kind to be with us. Thank you very much.

I would like to recognize now Mr. Camp and then Ms. Dunn for purposes of introducing two members of the next panel.

Mr. Camp.

Oh, would the next panel please come to the table?

I beg your pardon.

Mr. CAMP. Thank you, Mr. Chairman.

I am pleased to have the honor of introducing our next witness on family preservation and adoption policy.

Susan Ann Kelly is the director of Michigan's family first program within the Michigan Department of Social Services. As a consultant for the Study of Social Policy, a former socialworker and a recipient of the 1993 Children's Defense Fund Leadership for Children Award, Ms. Kelly knows what she is talking about when it comes to the best interests of children, and with that, I would like to introduce Susan Ann Kelly to the committee.

Thank you.

Chairman SHAW. Ms. Dunn.

Ms. DUNN. Thank you, Mr. Chairman.

I, too, would like to welcome one of the members of the panel, Dr. Peter Pecora, who will be testifying before us this morning. Peter Pecora is one of the brightest and most lucid experts with regard to family-based service programs, risk assessment, and other areas of child welfare. He is the author or coauthor of seven books on child welfare practice, on administration and evaluation, and the author of innumerable other articles published in many distinguished journals.

My region of the country is extremely fortunate in that he currently is the manager of research at the Nation's premiere privately endowed long-term foster care program in Seattle, the Casey family program. This is a program that was founded in 1966 by Jim Casey, a founder also of United Parcel Service, a program that

provides long-term care, family foster care to children for whom adoption and family unification are not probable alternatives.

The program is successful and unique in that it places great emphasis on permanency planning services for the children and the families. Most amazing, given the difficult situation of these children, is the fact that over 30 percent of the children are cared for by relatives as a form of family preservation. We have heard from the executive director of the Casey family program in previous testimony before the full Ways and Means Committee.

I thank you, Mr. Chairman, once again for holding these hearings and look forward to the testimony of all our witnesses.

Chairman SHAW. Thank you, Ms. Dunn, and joining the other two witnesses and to complete this panel will be Professor Richard Gelles from Rhode Island, who is one of the Nation's leading scholars on family preservation research. He has examined all the studies on family preservation and will tell the committee whether, in his opinion, the studies show positive impact on families and children.

At this time, I would like to recognize Ms. Kelly and invite you to proceed as you see fit.

Your full statement will be placed in the record, if you care to summarize.

**STATEMENT OF SUSAN A. KELLY, DIRECTOR, DIVISION OF FAMILY PRESERVATION SERVICES, OFFICE OF CHILDREN AND YOUTH SERVICES, MICHIGAN DEPARTMENT OF SOCIAL SERVICES, LANSING, MICH.**

Ms. KELLY. Thank you, Mr. Chairman.

I would like to begin by thanking you, Mr. Camp for that introduction. I am proud to share Michigan as our home and pleased to be here today.

Mr. Chairman and members of the committee, Michigan has had 7 years of successful experience with short-term crisis intervention, in-home services for high-risk families, and you will find a great deal of information in your packets that explain some of our endeavors in Michigan in the Families First program.

Families First has shown that families can change, that we can keep families together safely, and we can reduce the need for many unnecessary out-of-home placements. Despite the differences you may hear expressed today in these panels, all of us commonly believe that the family is the foundation of our society.

Children are both our hope for the future and our most valuable resource. They deserve our closest attention and highest priority. That is why we are outraged when a child is maltreated, abused, or dies, and it is especially heartbreaking when a child dies at the hand of his parent.

We must never grow immune to that tragedy and we must collectively work together to end child abuse. I believe, and our experience shows, that the best way to do that, the best way to protect children, is by strengthening and preserving families whenever that is possible. And when it is not possible, to move swiftly to help children find loving, permanent adoptive homes. We can do this together.

My experience in child welfare, especially in the development of family preservation services in Michigan, convinces me again to say that the best child protection is within a child's own family. When crises occur and families are experiencing extreme stress, we need to find safe alternatives in children's homes, neighborhoods and schools to protect them, to keep them safe.

We need to be able to find safe alternatives that allow the crisis to be dealt with, the behaviors to change, and parents to take the responsibility to learn how to appropriately and safely care for their children. The safety of children must be at the heart of our intervention always. Safety must always be first.

And while it is necessary to remove some children from their parents for safety reasons or because they cannot care for their child, I believe our challenge is to find ways, whenever possible, to most effectively remove the risks and help families make positive and lasting changes.

Removing risks, instead of removing children, is our imperative. It makes good public policy to keep children and families together safely, whenever it is possible. The high human cost of separating families has long-term consequences that are difficult to repair.

We all know, and I think all agree, that government does not make a good parent. Fostering situations will always be a necessity for some children, but the use of substitute families, even for the shortest time, must be a last resort, not a first resort.

Safe family preservation services, strategically used at the point where the breakup of the family is imminent, is a tremendous and wise human investment. The best way to protect children is to help their parents be parents. Children do not need to bear the high cost of being separated from their families when that is not necessary.

In Michigan, we have served 31,000 children over the last 7 years in Families First. This represents 14,000 families: Birth families, adoptive families, extended families, teen families, intergenerational families. Eighty-four percent of those families have been able to remain together safely, as documented by our external research and our internal data collection.

Over 350 well-trained public and private child welfare staff have helped these vulnerable families to care for their children. A focus on safety and engaging all family members are characteristics of these programs. It is critical, and we do train family preservation workers in the art of assessment, in the art of looking for substance abuse, sexual abuse, child development issues, domestic violence, safety planning, reunification and adoption issues. Those topics and others are a regular part and a necessary part of the training of all Family Preservation workers.

A focus on safety again is paramount. Family preservation isn't the only answer to high-risk families, but family preservation is a very necessary service on the continuum of child welfare services.

We believe that removing the risks instead of removing children makes good public policy sense and has long-term benefits that we can't begin to calculate.

There are, of course, some children for whom family preservation services are not appropriate, and for whom no reasonable child welfare worker or supervisor would make a referral for such. When children are in serious danger, when children cannot be kept safe,

or when it is impossible to keep a family together, we must quickly and humanely move those children to short-term foster care situations or to a permanent family who will love them and raise them.

If Judge Steketee were here today to join me, he would tell you how he has successfully in his court used family preservation services to document reasonable efforts to quickly expedite adoptive placements for children.

As I end, I would like to show you two charts. These are research-based charts. And they both have to do with cost. One is about fiscal cost. The other about human cost.

**CHART 1**

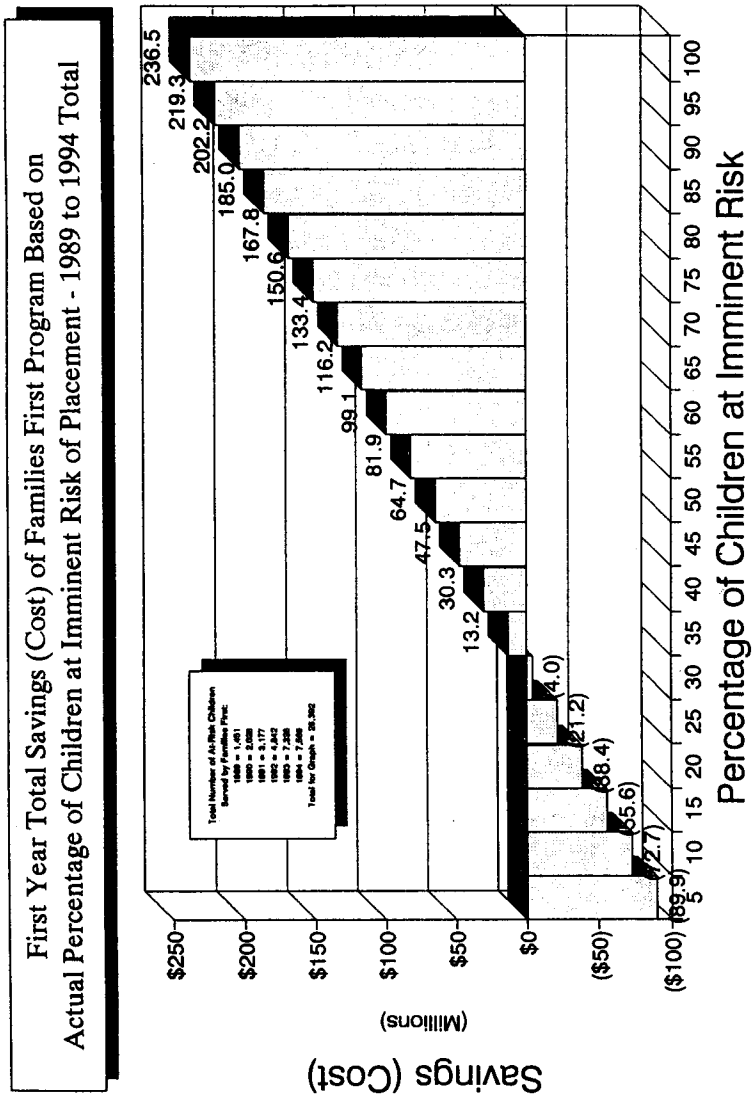
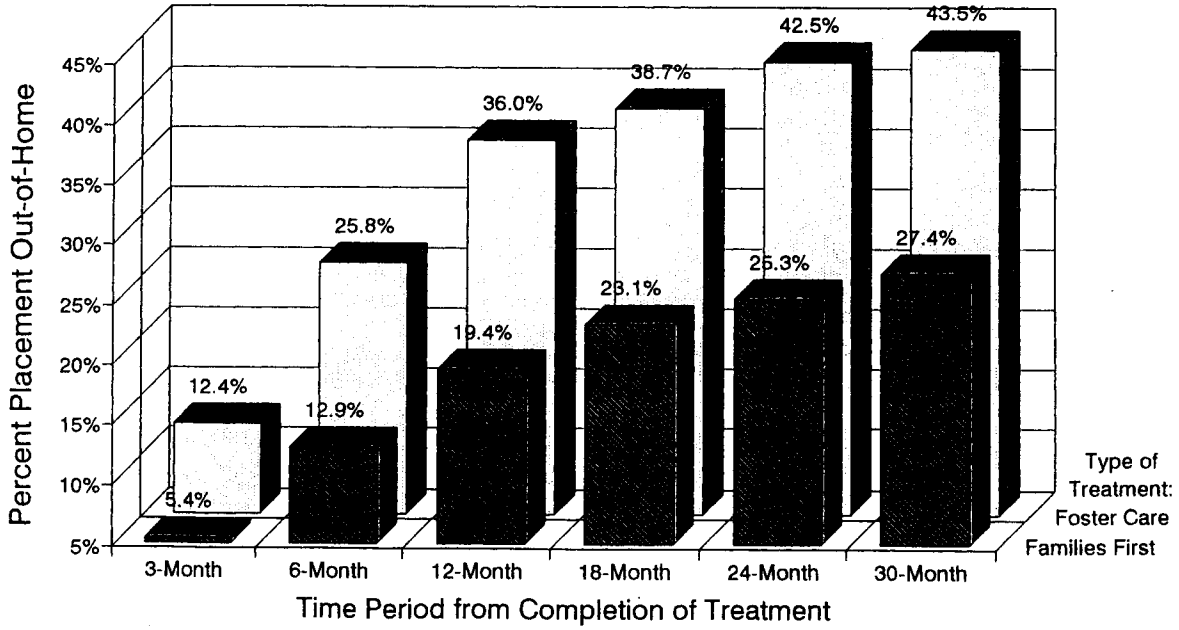

First Year Total Savings (Cost) of Families First Program Based on
Actual Percentage of Children at Imminent Risk of Placement - 1989 to 1994 Total
Savings (Cost)
(Millions)
$250
$200
$150
$100
$50
$0
($50)
($100)
236.5
219.3
202.2
185.0
167.8
150.6
133.4
116.2
99.1
81.9
64.7
47.5
30.3
13.2
(4.0)
(21.2)
(38.4)
(55.6)
(72.7)
(89.9)
5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100
Percentage of Children at Imminent Risk

**CHART 2**

Percent of Children Entering Out-of-Home Placement Following a Families First Intervention Compared to Percent of Children Placed Back in Out-of-Home Placement Following a Return Home from Foster Care*




*Excludes Reunification and Delinquency

Ms. KELLY. Chart 1 shows you that over the last 7 years, we have been able to document actual cost savings of over $200 million. Had we continued our trend of out-of-home placements at the current 9- to 10-percent increase that we were experiencing in the eighties, we would have incurred at least $200 million additional cost in foster care annually.

We have been able to take these savings that were not used in foster care and redirect them to front-end services, to prevention services and to family preservation services. This document speaks for itself, but it says nothing about the human cost. This is fiscal cost and it is certainly important to you.

Chart 2 says something about the human cost. These figures represent 400 children who were matched on identical variables. Two hundred foster care children leaving treatment matched with 200 children leaving family preservation treatment. They were matched from the same city, the same demographics, the same presenting problem. What we see after almost 3 years of study is something that we believed at the outset. That is, if a child goes into an out-of-home placement, they are more than twice as likely to go into another foster care placement, as these 400 children show us.

If children are able to stay together with their families safely, without indicated reabuse or neglect what we see is that those children are most likely to stay in their families permanently.

In conclusion, I would just like to add one other thing. In 1991, Mr. Haskins and several other members of the House Ways and Means staff, and some of my colleagues here in this room, came to Michigan to visit the Families First program. They were met by a woman who had recently gone through severe cocaine addiction. She said she loved her family more than she loved drugs.

She said that day to Mr. Haskins, and to the members of that committee, that they would hear from many people, but nobody more important than her. She was a consumer of families first services. She had been there. I bring her memory and her story today. The services helped.

She has been sober, she has a full-time job. Her children are in school, her oldest daughter has received a scholarship to Wayne State University. Her children could have been one of either of these statistics on the chart because the variables are exactly the same. She received Family Preservation Services. Her family today is together and safe.

Thank you.

[The prepared statement and attachments follow:]

TESTIMONY
of
Susan A. Kelly

Director for the Division of Family Preservation Services
Office of Children and Youth Services
State of Michigan

before

Subcommittee on Human Resources, Committee on Ways and Means

The Honorable E. Clay Shaw (R., FL), Chairman
Wednesday, May 10, 1995, 11:00 AM

Mr. Chairman and Members of the Committee:

Introduction: Protecting Children by Preserving Families

Michigan has had seven years of successful experience with short-term crisis intervention in home services for high risk families. Families First has shown families can change, that we can keep families together safely and reduce the need for many unnecessary out-of-home placements. Despite the differences you may hear expressed today in these panels, all of us commonly believe that the family is the foundation of our society. Children are both our hope for the future and our most valuable resource. They deserve our closest attention and highest priority. That is why all of us are outraged when a child is maltreated, abused or dies. It is especially heartbreaking when a child dies at the hand of his parent. We must never grow immune to that tragedy and we must work together to end child abuse. I believe the best way to do that is by strengthening and preserving families whenever that is possible. And when it is not possible, moving swiftly to help children find loving, permanent adoptive homes. The care and compassion for our children must remain a priority that transcends political, national and cultural differences. We will, I believe, be judged as a nation on how we have cared for our children and youth.

The Value of Family Preservation Services

My experience in child welfare, especially in the development of Family Preservation Services in Michigan, convinces me that the best child protection is within the family. When crises occur and families are experiencing extreme stress, we need to find safe alternatives that allow the crisis to be dealt with, the behaviors to change and parents to learn how to appropriately and safely care for their children. The safety of children must be at the heart of our intervention - always. While it may be necessary to remove some children from their parents for safety reasons or because they cannot care for their child, I believe our challenge is to find ways to more effectively remove risks and help families make positive and lasting changes. Removing the risks instead of removing the child is our imperative.

It makes sense and is good public policy to keep families together safely whenever it is possible. The human cost of separating families has long term consequences that are difficult to repair. Government does not make a good parent. Fostering situations will always be a necessity for some children, but the use of substitute families, even for the shortest time, must be a last resort, not a first option. Safe Family Preservation Services, strategically used at the point where the breakup of the family is imminent, is a tremendous and wise human investment. The philosophy of Family Preservation Services is built on respect for our clients and the belief that the best way to protect children is to help their families. Children do not need to bear the high human cost of being separated from their families if it is not necessary.

In Michigan we have served 31,000 children in Families First. This represents over 14,000 families. Eighty-four percent of those families have been able to remain together safely. Over 350 well trained public and private child welfare staff have helped these vulnerable families to find the strength and power to change their behaviors and improve their skills to adequately care for their children. A focus on safety and engaging all family members are characteristics of this program. We have made a difference in the lives of thousands of children in Michigan who

otherwise might have been removed from their families. Family preservation services isn't the only answer to high risk families, but family preservation is very necessary on the continuum of services. We cannot afford the high human cost of not making family preservation services available to vulnerable families. Families First has been one very successful program in the array of child welfare services that has moved Michigan to creatively build long-term solutions with the families it serves. We are learning how to keep children safe by keeping their families safe.

The Need for a Continuum of Care

There are some children for whom Family Preservation Services are not appropriate, and for whom no reasonable child welfare worker or supervisor would make a referral for such. When children are in serious danger, when children cannot be kept safe or when it is impossible to keep a family together, we must quickly and humanly move the children to a short-term foster care situation or a permanent family who will love them and raise them. We must release children for adoption more quickly, before they suffer numerous placements which require them to change schools, neighborhoods and support systems.

Our Challenge: Strong Families/Safe Children

As we move our discussion forward we are reminded that this work isn't about competition among agencies and programs and theories. It is about respectful partnerships and true collaboration; it is about working together. It would be a pity, despite the tenuousness of public policy about children and families, to put our energy into only protecting the status quo. If we have listened to families we know that isn't good enough. Their challenge to us is to listen well enough to make positive changes in our systems of care, so child welfare systems are more family friendly and consumer driven.

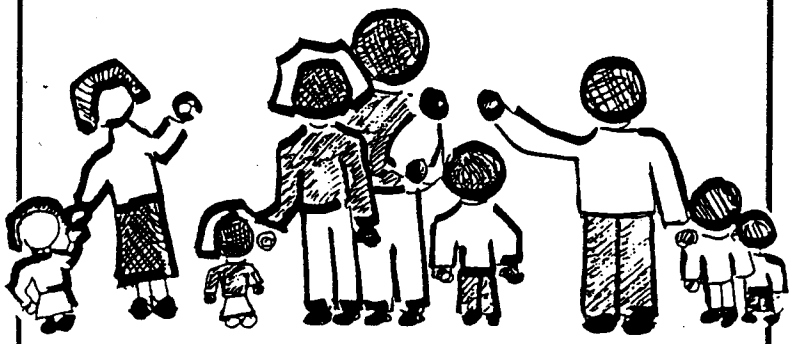
# FAMILIES FIRST
# of Michigan

**successfully working to**

KEEP FAMILIES TOGETHER
SAFELY

**a program of the**

MICHIGAN DEPARTMENT OF SOCIAL SERVICES
**IN PARTNERSHIP WITH PRIVATE CHILD WELFARE AGENCIES**



Michigan Department of Social Services
Gerald H. Miller, Director
235 South Cesar Chavez Ave.
Lansing, MI 48909

# OVERVIEW
# MICHIGAN FAMILIES FIRST PROGRAM

## Purpose

Families First provides safe, intensive emergency services in a family's home. It's purpose is to keep families safely intact and avoid high cost of unnecessary out-of-home care.

The program is designed to protect children by strengthening families. The Families First goal is to safely remove risks, not children, and help families make positive, lasting changes.

Families First is:

| | |
|---|---|
| Time Limited: | A maximum of 6 weeks, an average of 5 weeks |
| Intense: | A minimum of 8-10 hours of services in the home each week |
| Accessible: | Staff are available to families 24 hours a day, 7 days a week |
| Practical: | Families are trained and assisted in solving their own problems |
| Linking with other resources: | 70% of families who participate in Families First receive less intensive, on-going services after Families First |

## Eligibility

To be eligible for Families First a family must:

- Have at least one child who is at imminent risk of removal
- Be referred by a protective services, foster care, adoption, delinquency, community mental health professional, probate court or domestic violence shelter
- Have at least one adult family member who will volunteer for the service and commit themselves to work to keep the family together

## Numbers Served

The Michigan Families First Program began in 1988. To date, 13,600 families have been served. There are 31,863 children in these families. Based on the most current data available 83.5 percent of the families served were still intact one year after the service.

In 1993, families referred to Families First were referred for the following reasons:

40% involved neglect
20% involved abuse
22% involved abuse and neglect
9% involved reunification
9 % involved delinquency
100%

Eighty percent of the families served were receiving ADC. Fifty-four percent of the mothers with health conditions had substance abuse problems. Forty-one percent of the fathers had criminal histories or had been in prison. Sixty percent are absent father households.

## Cost

The human cost of safely keeping families together cannot be calculated. It is one Michigan is committed to make.

The average cost per family for Families First is dropping. The program averaged $4,900 per family in 1989. By the end of FY-94 this cost was $4,000.

The minimum cost per year for family foster care is $13.000 and for institutional care: $55,000. It currently costs $86,000 for one youth to complete an average stay in a state training school for delinquents.

In FY-94, Families First expended $16,000,000 and covered all 83 counties.

## Funding

Families First currently draws on the Title IV-A and Title IV-E Federal entitlements.

## Legal Base

PL96-272 PL103-66

# FAMILIES FIRST
# FAMILY PRESERVATION SERVICES

*A Practical Approach to Keeping Families Together Safely*

Families First staff work with families in their own homes and use a combination of techniques to teach them how to cope with the problems. Families First is:

**Responsive** - a home visit, within 24 hours of referral to Families First

**Intensive** - a minimum of 5 hours per week of direct service and up to 20 hours or more per week, if necessary

**Accessible** - families can contact staff directly 24 hours, 7 days a week

**Focused on Family Strengths** - to overcome weakness'

**Goal Oriented** - 2 to 4 objectives developed with the family to address problems that led to the crisis

**Skill-Building** - teaches positive practical ways to handle life's problems and family dynamics

**Family Centered** - ability to work with all members of the family network

**Practical** - hands-on assistance to cope with every day demands as well as the immediate crisis

**Time Limited** - 4 to 6 weeks of intensive crisis intervention services

**Thorough** - follow-up 3, 6, and 12 months after completion of Families First Program

# SERVICE DELIVERY CONTRASTS

| Traditional | Family Preservation Services |
|---|---|
| Services in office | Services in client's home |
| Waiting list | Immediate response |
| 50 minute hour | As long a session as needed |
| Weekly or less | Frequent - often daily |
| Available during business hours | Available 7 days a week/24 hours a day |
| Selective intake | Accept almost all cases |
| Worker defined solutions | Family selects solutions |
| Open ended | Closed end (predetermined) |
| Large caseloads (12-50) | Small caseloads (2-4) |
| Long term | Short term |
| Focus on individual | Focus on family system |
| Concentrate on immediate symptom | Concentrate on underlying skills & interactions |
| Soft services only | Blend hard and soft services |
| Solve problem for client | Help client solve own problems |

# CHILDREN'S PERCEPTIONS OF FOSTER CARE*

- Forty percent didn't know why they entered foster care
- Ninety percent changed neighborhoods and schools as a result of placement, one-quarter had experienced three or more new schools as a result of placements.
- Half saw their birth mother less than once or twice a month
- One in seven with siblings never saw their brothers or sisters
- Ninety percent miss their birth families, with two-thirds indicating they sometimes cry as a result
- Forty percent want to return immediately to their birth families, thirty percent want to live with other relatives, only twenty percent want to live with current or former foster parents
- One-third didn't know why they had a caseworker
- Eighty percent will return to their birth parents

*From Foster Care Placement: The Child's Perspective (Chapin Hall: 1989). Based on a study interviewing fifty-nine children between 11 and 14 who had been in foster care from 6 months to two years in Illinois.

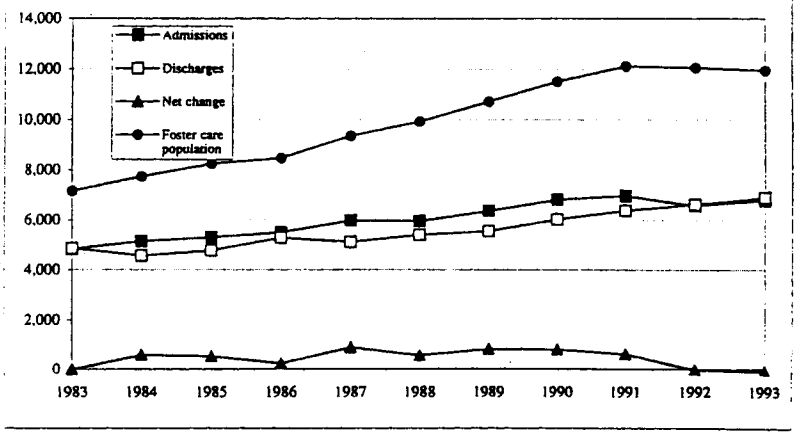
TABLE M-1

*Foster Care Census: Michigan*

| Year | Admissions | Discharges | Net change | Foster care population |
|---|---|---|---|---|
| 1983 | 4,833 | 4,846 | -13 | 7,150 |
| 1984 | 5,142 | 4,567 | 575 | 7,725 |
| 1985 | 5,288 | 4,771 | 517 | 8,242 |
| 1986 | 5,498 | 5,281 | 217 | 8,459 |
| 1987 | 5,977 | 5,101 | 876 | 9,335 |
| 1988 | 5,955 | 5,390 | 565 | 9,900 |
| 1989 | 6,359 | 5,551 | 808 | 10,708 |
| 1990 | 6,819 | 6,026 | 793 | 11,501 |
| 1991 | 6,970 | 6,366 | 604 | 12,105 |
| 1992 | 6,585 | 6,628 | -43 | 12,062 |
| 1993 | 6,774 | 6,899 | -125 | 11,937 |

FIGURE M-1

*Foster Care Census: Michigan*



# APPENDIX

## DETAILED STATE DATA TABLES

This section contains a set of tables and figures detailing local foster care counts and indicators for each of the five Archive states.

**Table 1** **Foster Care Census.**
**Figure 1**

Annual counts of the total number of admissions to foster care, discharges from care, net change in the foster care population, and end-of-year (December 31) cross-sectional foster care population. The admission and discharge data is not unduplicated, i.e. it may contain multiple counts for the same child if that child experienced more than one spell in foster care within the given year.

**Table 2** **Children Leaving Foster Care by Time in Care.**

Counts and percent distribution of time to exit from start of the first placement spell for annual cohorts of new entrants to care. Used to describe duration and changes in the distribution of spell lengths over time. The percentages presented are cumulative, giving the total percent of children who left care before a given length of stay. The shaded cells represent time intervals which were not fully experienced by all members of the cohort as of December 1993, the end of the period of observation. Thus, the information in these cells must be interpreted as only partially complete.

**Table 3** **Foster Care Prevalence Rates by Age, Race/Ethnicity, and Gender.**

Age/gender/ethnic specific foster care prevalence rates for April 1990. These were obtained by dividing the number of foster children with a set of characteristics by the total number of children in the state with those same characteristics, and multiplying the result by 1,000. This provides a detailed breakdown of prevalence rates for one cross-section of the foster care population. This date was selected because the the source of age/race/sex specific denominators is the decennial U.S. Census for 1990.

**Table 4** **Days of Substitute Care Provided by Type of Care and Year.**
**Figure 2**
**Figure 3**

These are the tables that were presented and described as Figure 22 from Section V of this report. This shows counts (in millions of care-days provided) of the annual distribution of child welfare services by placement-type category. Figure 22 is laid out to promote cross-state comparison of trends and patterns, but it is not helpful for the analyst who wishes to retrieve specific data. This format presents numbers and graphs that can be read clearly.

Chairman SHAW. Thank you, Ms. Kelly.

Dr. Pecora.

I have to apologize to Dr. Gelles, you are supposed to go second. Please proceed.

**STATEMENT OF RICHARD J. GELLES, PH.D., DIRECTOR, FAMILY VIOLENCE RESEARCH PROGRAM, UNIVERSITY OF RHODE ISLAND, KINGSTON, R.I.**

Mr. GELLES. Thank you, Mr. Chairman.

I testified before the House and the Senate 18 years ago this month in favor of programs like Families First and family preservation. At the time, in our research and evaluation efforts, we believed that it was possible to balance family preservation with maintaining the safety of children in homes. In the subsequent 18 years, we have conducted quite a bit more research, looked at quite a bit more research, and my optimism and my zeal for family preservation have been muted in that time.

One of the problems in the ensuing 18 years is that we have yet to find solid research that meets the normal and even minimal standards of scientific evidence to support the claim that intensive family preservation programs are effective in assuring the safety of abused and neglected children.

There have been hundreds of studies done that in one way or another attempt to evaluate family preservation programs. The vast majority of those studies, sadly, do not meet even the most minimal standards of scientific evidence.

The dozen or so studies that do meet the standards of scientific evidence conclude by saying we cannot say definitively whether such a program does protect the safety of abused and neglected children. Of course, the other side of the coin is equally accurate, we cannot prove that they don't maintain the safety or don't protect children, but it is quite evident that it is becoming more and more difficult to balance preservation and child safety.

The reasons—the underlying reasons why it is difficult are two problematic aspects with uniformly applying family preservation programs to high-risk households. One is that the theoretical model that we used to build intensive family preservation programs in the first—well, since the midseventies, assumed that there was a continuum of abuse, ranging from subabusive discipline that parents used, to extremely abusive acts that physically injure and perhaps kill children.

As was pointed out in some of the questioning earlier, what moves a parent along that continuum frequently is thought to be a gap between the resources the parent has and the tasks they are asked to do. So the parents who are under stress, parents who are poor, parents who are poorly educated, are presumed to be at the highest risk of abusing their children.

The basic assumption for programs like family preservation is to fill the gap, to tilt the balance back so that families, and parents in particular, have more resources to bring to bear in the task of raising their children and that would presumably reduce the risk that they would abuse their children.

Our research now has found that we cannot support a continuum model of child abuse and neglect, that what differentiates

subabusive behavior from extremely abusive behavior is not simply a greater degree of poverty or a larger amount of stress. Simply stated, as I point out in detail in my written testimony, there are distinct types of abusers.

There are abusers who abuse as a result of stress, as a result of poverty, and there are abusers who are characterologically and constitutionally different. It is the latter group, those who are constitutionally different, those who are characterologically different, those who come from very distinctive family structures, for whom family preservation programs fail to work. Unfortunately, those are also families where family preservation programs have been targeted.

A second problem is the issue of targeting. There is an assumption built into family preservation models that having been identified and labeled as a child abuser, having been brought into the system and having resources brought into your household, you are amenable to change.

It is, unfortunately, not true that all families are equally amenable to change. As there are types of abusers, there are stages of change, and many families are what we would call "precontemplative."

They deny that they abuse, they have no interest or desire to be part of the child welfare system, and they resist any attempts to change them, no matter what the level of resources that are brought to bear.

In many instances, at the street level in child welfare services, child welfare workers confuse compliance with change, and they mistakenly reunify children with families who have showed compliance but have not showed real indicators of behavior change.

An indicator of the problems of uniformly applying family preservation programs are the data that were released 2 weeks ago by the U.S. Advisory Board on Child Abuse and Neglect that pointed out that between 30 and 50 percent of children who are killed by their parents and caretakers are killed after they have been identified by the child welfare system as being at-risk.

This suggests some of the dangers of intensive family preservation programs when they are inappropriately targeted at high-risk parents who do not show an interest or an amenability to change.

I argue that family preservation should not be abolished or thrown out, but should be replaced with a child centered policy. In a child centered child welfare system, children at risk would not remain in abusive homes for long periods of time, experiencing repeated physical and sexual abuse and having their emotional and physical development compromised. Nor would they languish in foster care while the doctrine of reasonable efforts was applied long beyond the point where it was clear that abusive parents were not going to change.

Abused children would not go in and out of the foster care system and in and out of biological homes like a never-ending revolving door. The main goal of a child centered child welfare system would be to act as expeditiously as necessary so the children are able to develop a nurturing relationship with an adult during the critical period of the child's development.

Under a child centered system, the goal would be to terminate parental rights, when appropriate, quickly enough so that children

are not permanently harmed, not physically or psychologically harmed, and are made available for adoption early enough in their lives so they are adoptable. Because the most injurious and deadly abuse occurs early in a child's life, a child centered child welfare policy would make children available for adoption much earlier in their lives before many had been badly hurt and at times when children are the most likely to be adopted.

Thank you.

[The prepared statement follows:]

## TESTIMONY OF RICHARD J. GELLES, DIRECTOR
## FAMILY VIOLENCE RESEARCH PROGRAM

Chairman Shaw and members of the Subcommittee on Human Resources, Committee on Ways and Means, my name is Richard Gelles and I am Director of the Family Violence Research Program and Professor of Sociology and Psychology at the University of Rhode Island. I am pleased to be invited here today to testify on family preservation programs and whether such programs produce positive outcomes for children.

I have Directed the Family Violence Research Program since 1973. I received my doctoral degree in Sociology at the University of New Hampshire in 1973 and received post doctoral training in Psychology at the Children's Hospital, Boston and the Harvard Medical School. The Family Violence Research Program was established in 1973. The program is a research, teaching, and training program in the area of family violence. The University of Rhode Island Family Violence Research Program has been supported by grants from the National Institute of Mental Health, National Center on Child Abuse and Neglect, National Institute of Justice, the National Science Foundation, and the Harry Frank Guggenheim Foundation.

The two major research efforts of the program have been the National Family Violence Surveys. These surveys, conducted in collaboration with the Family Research Laboratory at the University of New Hampshire, involved two national surveys of violence in the family. The first survey, conducted in 1976, interviewed a nationally representative sample of 2,143 households. The second survey, conducted in 1985 interviewed a nationally representative sample of 6,002 households.

The Family Violence Research Program has produced 20 books and more than 150 articles on family violence.

I would like you to consider several important issues as they relate to family preservation programs and whether there is reliable evidence that these programs produce positive impacts for children.

Family Preservation programs were developed before the enactment of the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272.) These programs have emerged as the main mechanism by which states make reasonable efforts to keep abused and neglected children in their birth families.

Broadly defined, family preservation services are any services that aim at strengthening families and creating a safe environment for children. This could include "soft" psychological services for the abusive caretakers, such as therapy, counseling, or education, as well as "hard" services including cash, food, visiting nurses, homemaker services, educational services, crisis day care, rent vouchers and furniture, and other support services. There are two basic types of family preservation programs. The first is the more traditional, opened ended and diffuse set of interventions and the second are the newer, more focused intensive family preservation programs.

The traditional, opened-ended family preservation programs are administered by the child welfare bureaucracy. Services are provided in the offices of child welfare workers or agencies subcontracted to provide services. Clients typically arrange for transportation to and from the office in order to receive support. Services are provided during the normal 9 to 5 work day, during the standard "50 minute" clinical hour. Case loads average 15 to 50 families per worker, and waiting for services in the office is a routine part of the process. Because needs exceed available workers and services, there are often waiting lists for all services. Services are typically soft--counseling or therapy, and are aimed at the individual perpetrator. Worker burn-out tends to be high due to the frustration of large caseloads and limited available resources. Client frustration is even greater.

The second form of family preservation is intensive family preservation services. The essential feature is that services are intensive, short term crisis interventions. The length of sessions is variable--it is not confined to the "50 minute" clinical hour. Services are available seven days a week, 24 hours a day, not just during business hours Monday through Friday. Caseloads are small--2 or 3 families per worker. Services can be both soft and hard.

The foundations who provide support for the development of family preservation programs, the developers of family preservation programs, and the child welfare agency administrators who have implemented intensive family preservation programs, all speak in one voice--"family preservation programs work." The research results are much less enthusiastic. There is not yet scientific proof--at least using data that meet the normal standards of scientific evidence--to support the claim that family preservation works. Although there have been more than 100 evaluations of family preservation programs, fewer than a dozen of these evaluations meet the normal standards of scientific evidence for evaluation research. One evaluation of intensive family preservation programs that does meet scientific standards for evaluation research was conducted by The Chapin Hall Center for Children at the University of Chicago. This was a two-year study of the Illinois Family First Program. The Chapin Hall study found only modest differences in subsequent confirmed reports of child maltreatment between the experimental groups that received intensive family preservation and the control groups that received standard child welfare interventions. Thus there is neither research evidence that intensive family preservation places children at decreased risk.

A significant problem with many of the other evaluations of intensive family preservation programs is that the evaluations examine placement-avoidance and cost-effectiveness as the key outcomes variables. Child safety and child outcome are not measured in these studies. Thus even if the studies are scientifically sound, they tell us nothing about whether children actually benefit from intensive family preservation services.

A second compelling concern about family preservation and family reunification as uniform policies of child welfare agencies are the data on child homicide. Research on child homicide clearly reveals the damage done by <u>rigidly</u> following the Family Preservation model. Thirty to fifty percent of the children killed by parents or caretakers are killed <u>after</u> they have been identified by child welfare agencies. These children were involved in interventions, and were either left in their homes or returned home after a short-term removal.

A third problem with intensive family preservation programs is not related to the programs <u>per se</u>, but the targeting of the programs A major failing in the child welfare system is the crude way behavior change is conceptualized and measured. Behavior change is thought to be a one-step process--one simply changes from one form of behavior to another. For example, if one is an alcohol or substance abuser, then change involves stopping using alcohol or drugs. If one stops, but then begins again, then the change has not successfully occurred. A second assumption is that maltreating parents or caretakers all want to change--either to avoid legal and social sanctions or because they have an intrinsic motivation to be caring parents. As a result, family preservation interventions assume that all parents, caretakers and families are ready and able to change their maltreating behavior. Absent a reliable and valid means of assessing behavior change, child welfare case workers often use <u>"compliance"</u> with case plans as a proxy or indicator of change. Thus parents who attend parenting classes or go to counseling are seen as changing--even if these same parents continue to deny abuse and neglect. Compliance with a court-ordered program of services or classes is not the same as psychological readiness to change or actual behavior change.

One of the reasons why intensive family preservation programs have such modest success rates is that family preservation programs are "action" programs often provided to individuals who are neither ready nor willing to change their behavior.

Child welfare agencies often wait for a child to be seriously or permanently injured to suspend "reasonable efforts," because the agencies do not have the ability to identify families where "reasonable efforts" are unlikely to work.

A fourth concern is that the policy of "reasonable efforts" embodied in the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) and intensive family preservation programs were based on the theoretical assumption that "anyone" can abuse and neglect a child. By the late 1970s, explanations of child abuse that emphasized social, social psychological, or socio-cultural factors replaced purely psychological explanations of child abuse. Thus instead of arguing that only crazy or sick people abused their children, the new theories proposed that "anyone" could abuse his or her child, given the right conditions. The right conditions tended to be when the stresses on caretakers outweighed the supports they had. Those in the field of child abuse and neglect applied a "Continuum Model" of child abuse neglect. The continuum model does not view abusers and neglectors as defective, deviant, or sick individuals; rather, abuse and neglect is explained by what I call a "tipping point" or a "deficit" model of parental behavior.

In the "tipping point" model, stresses or problems pile up until a "tipping point" pushes parents from being caring parents to maltreating parents. These stressors can be poverty, unemployment, marital conflict, social isolation, sexual difficulties, physical illness, child-produced stressors such as colic, developmental delays, or delinquency when over-stressed, parents either actively lash out and physically abuse their children, or passively neglect their children.

The "deficit model" assumes that some parents lack personal, social, or economic resources to be effective parents. Thus inadequate resources are seen as the cause of abuse, and adding resources, such as psychological counseling, parent education, or home visitors will help parents to meet their own needs and the needs of their children. Thus the goal of child welfare interventions is to: (1) add resources, (2) remove stresses, or, (3) both, and make the home safe again so that children can be reunified with their parents. A key assumption of this model is that children need only be removed from their parents when they are at risk of harm and should be returned when the parents are able to adequately care for them.

I believe there are compelling data that challenge the belief that anyone can kill a child and that there is a continuum of violence and abuse. Instead, I believe the data support a theoretical model that states that there are distinct types of abusers. This model is greatly oversimplified and is a version of the model of human behavior Woody Allen presented in his movie, Annie Hall, where he divides the world into the "horrible" and the "miserable.". The "horrible" are parents who deliberately kill their children, burn and scald their children, torture their children, or who have sex with six-month-old children. And, in the words of Woody Allen, the miserable are "everyone else. "

There are, I believe, distinct types of abusers, but there is overlap between the types. The "distinct type" model assumes that there are some upper thresholds that guide people's behavior toward children. Thus most parents who use physical punishment will not hurt their children, although some injuries do occur as a result of loss of control, poor aim, or random unexpected factors.

Although there are parents who do set out to hurt their children, most operate within an upper threshold that limits the damage they do. Their maltreating behavior is unlikely to lead to serious or life-threatening injury. Again, factors such as loss of control, poor aim, a child turns at the last minute, a child falls on a sharp object, could indeed result in a traumatic injury or death in some cases. Finally, there are parents who, for whatever social and psychological reasons, set out to severely injury, maim, torture, or kill their children. Sometimes these efforts fail and the children are not injured or killed, but the upper threshold for these parents behavior is so high that injury and death are a much more likely outcomes of their behavior than it would be for other types of parents.

It is unrealistic to assume that one theory can possibly explain all the various forms of child maltreatment and it is equally unrealistic to believe that one intervention or treatment, such as intensive family preservation, can help "cure" all abusers. I believe that we need to employ a theoretical model that recognizes that in the most serious and harmful cases of abuse, the parents, caretakers, and families are probably constitutionally different from those parents who do not seriously abuse or kill their children.

With regard to the provisions of the Adoption Assistance and Child Welfare Act of 1980, so-called "reasonable efforts" become unreasonable when they are targeted for individuals or families for whom the services cannot work or who are simply non amenable to changing their dangerous and harmful behaviors.

I would not be as concerned as I am about intensive family preservation programs and their impacts on children were these programs but one of a spectrum of programs in a full menu of services and interventions in cases of child abuse and neglect and if intensive family preservation programs were properly targeted for families in which the risk of severe abuse was low and the likelihood of behavior change high. This, however, is not the case. Intensive family preservation programs have been aggressively "marketed" as effective and cost-effective child welfare programs. There are significant problems with the "overselling" of intensive family preservation programs.

The problems with the overselling of intensive family preservation were evident in the proposed rule for the "Family Preservation and Support Services Program: Proposed Rule" (45 CFR Parts 1355, 1356, and 1367) as announced in the Tuesday, October 4, 1994 issue of the Federal Register.

The proposed rule implements the provisions of the "Family Preservation and Support Services" program enacted as part of the Omnibus Budget Reconciliation Act of 1993. As the members of the Subcommittee know, the "Family Preservation and Support Services" program provided $1 billion over five years for family support and preservation programs.

The proposed rule states that the new program shall have as a goal to keep children and family members safe at all times.... and that if a child cannot be protected from harm without placement, family preservation services are not appropriate. However, the actual consequence of the implementation of the proposed rule may actually decrease safety to children.

Child protective agencies and workers strive to balance the need to keep children safe and preserve families. Unfortunately, the new federal funds for family preservation will probably tilt the balance away from child safety. The proposed rule and the lure of the new funding provides a powerful financial incentive for child welfare workers and agencies to preserve the family unit at the expense of child safety. This problem already exists in many agencies and will no doubt become a greater problem as the funding

dictates the programs.

The proposed rule provides no new guidance as to what constitutes "reasonable efforts" and under what circumstances family preservation services are inappropriate.

The proposed rule identifies a number of family preservation programs such as "Homebuilders" and "Families First" without noting that research has failed to find these programs reduce placement, reduce costs, or prevent further harm to children. As I noted earlier, the evaluation of the Illinois Family First program, one of the most methodologically sound and rigorous evaluations of a family preservation program to date, found that the Families First program was no better at reducing placement, no less costly, and no more able to prevent subsequent maltreatment than alternative interventions.

The flaw of family preservation is not that it is ineffective, the flaw is that it is not a generic panacea for child maltreatment and thus, should not be embraced as a single, generic solution to the problem of child maltreatment. Unfortunately, the proposed rule not only implies that such programs are effective, the rule provides substantial new funding to implement programs that have no known effectiveness. The arguments for the effectiveness and cost effectiveness of some family reunification/family preservation programs, including arguments made in favor of such programs at the focus groups convened in the Fall, 1993, are largely anecdotal or based on data that are not scientifically rigorous enough on which to build a national policy.

In the words of Peter Rossi who evaluated the effectiveness of the Homebuilders program for the Edna McConnell Clark Foundation, the government is "running pell-mell into family preservation without fully considering the evidence for it."

Rather than being one service on the menu of services, family preservation has become <u>the</u> service, or at least the best funded and mostly widely touted effective service in child welfare. Sadly, this will likely <u>reduce safety</u> for many children.

A final concern with intensive family preservation programs is whether such programs facilitate permanency planning or, inadvertently, delay the process of finding children a permanent placement. It is my belief that an unintended consequence of the widespread implementation of intensive family preservation programs and the belief that such programs are effective, is a delay in the process of finding children safe and permanent homes. Foster parents are frustrated by child welfare workers' insistence on reunification of children with abusive and neglectful parents. The belief in the effectiveness of family preservation programs can lead to a series of placements and reunifications. By the time child welfare workers recognize that their "reasonable efforts" and family preservation efforts have failed, abused and neglected children are unlikely candidates for adoption, either because they are beyond the desirable age for adopted children or because the accumulated effects of abuse and neglect have reduced the adoptability of these children.

I have argued that "family preservation" be replaced with a "child centered" policy. In a child-centered child welfare system, children at risk would not remain in abusive homes for long periods of time, experiencing repeated physical and sexual abuse and having their emotional and physical development compromised. Nor would they languish in foster care while the doctrine of reasonable efforts was applied long beyond the point where it was clear that abusive parents were not going to change. Abused children would not go in and out of foster care and their biological homes like a never-ending revolving door.

The main goal of a child-centered child welfare system would be to

act expeditiously, when necessary, so that children were able to develop a nurturing relationship with an adult during the critical period of the children's development. Under a child-centered system, the goal would be to terminate parental rights, when appropriate, quickly enough so that: (1) children are not permanently harmed, physically or psychologically; and (2) make children available for adoption earlier enough in their lives so that they are "adoptable."

Because the most injurious and deadly abuse occurs early in a child's life, a child-centered child welfare policy would make children available for adoption much earlier in the lives, before many had been badly hurt, and at times when children are the most likely to be adopted (prior to their first birthdays).

Our research has found that children's optimal development is not dependent on living with their birth parents, but on developing a nurturant relationship with a caring adult. More importantly, children need to develop this attachment during a finite developmental period, somewhere between age four and ten. The failure of family preservation programs is that they often leave children in limbo during this developmental stage while child welfare agencies are providing so-called "reasonable efforts" to rehabilitate and support parents with the goal of reunification.

I am not proposing that we abandon family preservation programs. Properly targeted to families according to level of risk and likelihood of change, and with a realistic understanding of the effectiveness of such programs, family preservation programs are an appropriate and useful component of the menu of services available as interventions in cases of child abuse and neglect. However, family preservation programs are only one service, with a very modest record of success. The most important goal of the child welfare system should be to assure the safety and well being of children. Thank you.

Mr. CAMP [presiding]. Thank you, Dr. Gelles.
Dr. Pecora.

**STATEMENT OF PETER J. PECORA, PH.D., MANAGER OF RESEARCH, THE CASEY FAMILY PROGRAM, AND ASSOCIATE PROFESSOR, SCHOOL OF SOCIAL WORK, UNIVERSITY OF WASHINGTON, SEATTLE, WASH.**

Mr. PECORA. Thank you for the invitation to appear before you today.

I have spent the last 18 years conducting research in child protective services, family-based services, and foster care. Currently, I hold a joint appointment as the associate professor with the University of Washington and as manager of research with the Casey Family Program.

As Congresswoman Dunn mentioned, the Casey Family Program is a voluntary long-term foster care program that also provides some adoption services. As an operating foundation, we serve over 1,400 children through 23 offices in 13 States, from Hawaii to Washington and as far east as Louisiana.

Upholding parent rights and a child's need for connections with the birth family, while ensuring child safety, is a serious challenge. The case from Florida that is making national news is an example of the need for professionally trained and carefully supervised staff who are held accountable for child outcomes.

In contrast to some of the opinions that you have heard and will hear later today, I believe that a well-designed and carefully implemented family-based services program can be an effective safeguard of child protection for many children.

But there are a small percentage of parents in our country who are unwilling to make the commitment to stop abusing illegal drugs or alcohol. There are parents who have such severe emotional problems that Dr. Gelles mentioned that they are not able to improve their childrearing patterns. For these adults, termination of their parental rights and adoption by relatives or other people may be in the child's best interest.

However, for the vast majority of families who are seen by child welfare programs, the situation is more complex. A variety of services can and need to be provided to keep those children safely with their birth parents. Family-based services represent an essential part of an interconnected continuum of social services. But these services cannot substitute for other programs that families might need, such as employment, housing, mental health counseling, drug and alcohol treatment, and child care.

Some parents will be unable to benefit from even these programs and then their children will need planned family foster care, residential treatment, and/or adoption services. So family based services, under certain conditions, can improve the ability of social service agencies to assess these family situations.

These workers can assist the judicial system to determine the viability of keeping the family together versus placing the child with relatives, foster parents or an adoptive home. This is achieved through the intensive professional assessment that is possible, and because the service is a cost effective way to satisfy the reasonable

efforts provisions of the Adoption Assistance and Child Welfare Act of 1980, Public Law 96–272.

There is a small but growing body of research evidence that supports judicious use of family-based services, especially if outcomes other than just placement prevention are considered. Many program critics, and I have to include Dr. Gelles among this group, have not read or have ignored the more positive scientifically sound evaluations, especially the exemplary studies conducted by Dr. Henngeler at the department of psychiatry at the University of South Carolina, and some of the less publicized, smaller research efforts.

Appendix A in my testimony does present some of the data from a number of those studies. Some of those, in all fairness, are ground breaking. They are in press in the Journal of Psychiatry and other journals, so they are just now becoming available to the larger field.

There have been, and Dr. Gelles mentioned those, a number of studies with negative results. That is why we still need to conduct additional rigorous evaluations that use comparison groups and case studies, a situation that is very similar to the early days of Head Start.

With proper implementation and funding, in certain situations, family-based services will be a more cost-effective alternative to the child rescue approach that is being advocated by some. But to accomplish these family preservation and permanency planning objectives, the staff members must be skilled in a variety of intervention approaches while following a well-defined treatment model, something that has been lacking in a number of those early programs.

The staff members need to be trained to recognize situations that constitute high risk for child abuse and neglect, to save and protect those children; and it is helpful to work with families in their home environment because that is where you see the family's strengths and their limitations most dramatically. You can't do it out of an office.

In addition, there have to be a number of judicial reforms that will improve the laws regarding termination of parental rights and guardianship, because these are needed in many States because for some children, subsidized and conventional guardianship may be the best route to go, where adoption may not be as likely.

So family-based services are not a panacea. They will not be appropriate for every family and they certainly cannot be provided in isolation from other support programs. But to improve these and other child welfare programs in this country, a more outcome-oriented approach to service delivery is needed.

"Alice in Wonderland," a book that my wife and I read to our daughter, states the case very well. One of the Queens told Alice that: If you don't know where you are going, any way will take you there. And too often, the agency emphasis has been on the service delivery process instead of the outcomes that need to be achieved. And furthermore, with budget cuts, frequent turnover in key administrative positions and the shortage of professionally trained socialworkers in public child welfare services, children are not protected or they stay too long in foster care.

In summary, the social service and mental health agencies in many States need to sharpen their focus on key outcomes, along with placing renewed emphasis on consistent program implementation, staff training and high-quality supervision. They cannot accomplish this with drastic funding cuts, but these agencies will be able to provide more cost-effective services if better permanency planning is provided earlier, more vigorously and with fewer organizational and judicial delays. Family-based services should be part of this more effective service delivery system.

Thank you.

[The prepared statement and attachment follows:]

**TESTIMONY OF PETER J. PECORA, MANAGER OF RESEARCH**
**UNIVERSITY OF WASHINGTON**

**Mr. Chairman and Members of the Sub-Committee:**

Thank you for the invitation to speak with you today. I have spent the last 18 years conducting research in child protective services, family-based services, and foster care. Currently I hold a joint appointment as an Associate Professor at the University of Washington and as Manager of Research with The Casey Family Program. The Casey Family Program is a voluntary long-term foster care and adoption agency begun in 1966 by Jim Casey, one of the founders of United Parcel Service. We are one of the largest private operating foundations in the country devoted to children and families with offices in 23 communities in 13 states.

Based on my research in child protective services, family-based services and foster care, it is clear that upholding parent rights and a child's need for connections with his or her biological family while ensuring child safety is a serious challenge. In contrast to some of the opinions that you have heard and will hear later today, I believe that a *well-designed and carefully implemented* Family-Based Services program can be an effective safeguard of child protection for some children.

There is a small percentage of parents in our country who are unwilling to make the commitment to stop taking illegal drugs, stop abusing alcohol or who have such severe emotional problems that they are not able to improve their childrearing patterns. For these adults, expedited termination of their parental rights and adoption by relatives or other people may be in the child's best interest.

However, for the vast majority of families who are seen by the child welfare services system in this country, the situation is more complex. And a variety of services need to be provided to keep children safely with their birth family, with reasonable provisions available to secure placement of a child with relatives or with an adoptive family if family preservation can not be achieved within a reasonable period of time. The following information, derived from research data and actual practice, may be helpful to the deliberations of this Subcommittee:

- Family-Based Services (also known as Family Preservation Services) represent an essential part of the continuum of social services but can not substitute for other programs that some families will need such as employment, housing, mental health counseling, drug and alcohol treatment, and child care. Furthermore, some families will be unable to benefit from Family-Based Services and their children will need planned family foster care, residential treatment and/or adoption services. (Please see Exhibit 1.)

- Family-Based Services (FBS), *under certain conditions,* can improve the ability of social service agencies to assess family situations, deliver necessary services and help the judicial system determine the viability of family preservation versus placing a child with relatives, with licensed foster parents, or with an adoptive family.

- Family-based services can help reduce the amount of time that is necessary to reunite children with their families or free them for adoption because of the intensive professional assessment that is possible, and because the service is a cost-effective way to satisfy the legal requirements ("reasonable efforts") of the Adoption Assistance and Child Welfare Act of 1980 – Federal Law 96-272.

- With proper implementation and funding, FBS programs can be part of a balanced approach in contrast to a child rescue approach. For example, Family-Based Services methods are just now beginning to be used to help support adoptive families as their adoptive children become older and emotional difficulties arise in the children or in the family.

To accomplish the above family preservation and permanency planning objectives, the FBS staff must be skilled in a variety of treatment approaches. They must also be trained to recognize situations that constitute high risk for child abuse or neglect, and see families in the home environment where the family problems and strengths are most evident.

A number of judicial reforms that improve the laws regarding termination of parental rights will also be necessary in many states so that the legal system does not present unreasonable barriers to adoption or long-term foster care with guardianship. Subsidized and conventional guardianship may be necessary to achieve a permanent living arrangement for some children because for some ethnic groups, relatives or clan members are reluctant to formally adopt a child who in their eyes is already kin. They may be willing to raise that child to adulthood and need the proper legal status to do so.

A more clear outcome-oriented approach to delivery of FBS and other child welfare programs must also be implemented, along with a renewed emphasis upon consistent implementation, staff training and high quality supervision. While budget cuts have been a problem, too often the agency emphasis has been on the service process instead of what key outcomes need to be achieved. Furthermore, with the frequent turnover of key administrative positions, staff burnout, and the shortage of professionally trained social workers in public child welfare services, children are not protected or they stay too long in foster care.

## Defining Program Effectiveness

While some of the findings of preliminary studies of FBS are positive, the research findings, particularly those based on more rigorous designs, are mixed. The information gathered thus far by a number of studies, together with reports from consumers and practitioners, has created a confusing body of evidence about the effectiveness of these service approaches. This confusion has been exacerbated by some program critics who have ignored some of the more positive studies and distorted the purpose of other studies.

Placement prevention has been the focus of much of the research, while other aspects of program effectiveness have received less attention. There are a number of problems with using placement prevention rates as a primary measure of success. Differences found in placement rates varied from zero to 40%. Clearly, more studies of whether delays in child placement are beneficial need to be conducted, along with how children actually fare when FBS programs allow them to remain at home.

Some of the other major outcome criteria that have been used to evaluate these programs are number of placement days used; reduction in the restrictiveness of placement location; reports of child maltreatment; changes in child, parent, and family functioning; family reunification; and consumer satisfaction ratings (Pecora, 1995). As summarized in Appendix A, the evaluation results for each of these criteria, with the exception of placement prevention (with fewer significant effects), have been generally positive, but mixed. The variability in outcomes is due, in part, to the limitations in the research design and measures used; few analyses of findings by sub-populations of families; lack of adequate staff training; and insufficient organizational stability in many of the programs.

The FBS program evaluation results, while promising across a range of outcome criteria, do not show dramatic differences between control and treatment groups, and are not conclusive. Studies have been confounded by a number of administrative and evaluation problems, however. Problems in administration include referral, staff training, and community resources. Evaluation problems include the use of non-experimental designs, small samples, poor case targeting, under-use of qualitative designs, and inappropriate assessment measures. Across many different fields, evaluation studies appear to suggest that we cannot expect single services to produce dramatic changes in complex social problems. We need to conduct additional rigorous evaluations that use comparison groups and case studies, a situation that is similar to the early days of Head Start.

## Conclusion

In summary, the social service and mental health agencies in many states need to sharpen their focus on key outcomes, along with placing renewed emphasis upon consistent program implementation, staff training and high quality supervision. They can not do this with drastic funding cuts, but will be able to provide more cost-effective services if better permanency planning is provided earlier, more vigorously, and with fewer agency delays. FBS should be part of this more effective service delivery system. And this system must minimize the amount of time that children spend in foster care instead of being with their birth parents, other relatives, or with an adoptive family.

# Supporting Testimony[1]

## The Origin of Family-Based Services

Reform of the policies and systems that provide services to families and children is underway throughout the nation. Public agencies, not-for-profit agencies, and grass roots organizations are developing new service approaches, integrating services across traditionally separate domains, and collaborating with new partners to demonstrate the potential of reform and to better serve families. The underlying themes of these reform efforts are remarkably similar: meeting changing family needs, maximizing limited resources, and increasing effectiveness.

A variety of social services that focus on strengthening families to prevent unnecessary out-of-home placement of children have emerged in the fields of child welfare, mental health, and juvenile justice. In the 1950s and 1960s, early forerunners of these services were developed as programs to treat the "multi-problem family." Since that time, these placement prevention services have been described as "family-based services," "home-based services," "services to children in their own homes," and "family preservation services." While program design and specific interventions differ, most of the programs fitting the broader name of "Family-based Services," share some or all of the following characteristics:

- A primary worker or case manager establishes and maintains a supportive, empowering relationship with the family.
- A wide variety of helping options are used (e.g., "concrete" forms of supportive services such as food and transportation may be provided along with clinical services).
- Caseloads of three to twelve families are maintained.
- One or more associates serve as team members or provide back-up for the primary worker.
- Workers (or a back-up person) are available 24 hours a day for crisis calls or emergencies.
- The home is the primary service setting, and maximum utilization is made of natural helping resources, including the family, the extended family, the neighborhood, and the community.
- The parents remain in charge of and responsible for their family as the primary caregivers, nurturers, and educators.
- Services are time-limited, usually 2-12 months (Adapted from Bryce & Lloyd, 1981).

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[1] Material is adapted from the following sources: Pecora, P. J. (1995). "Assessing the Impact of Family-based Services." In B. Galaway and J. Hudson (Eds.) Canadian Child Welfare: Research and Policy Implications. Toronto, CN: Thompson Educational Publishing, pp. 100-112. Pecora, P.J., Fraser, M.W., Nelson, K., McCroskey, J., & Meezan, W., (1995). Evaluating Family -Based Services. New York: Aldine de Gruyter. Pecora, P.J., Selig, W., Zirps, F., & Davis, S. (Eds.) Quality Improvement and Program Evaluation in Child Welfare Agencies: Managing into the Next Century. Book to be published by Child Welfare League of America in 1995.

Family-based services arose in various service systems for somewhat different reasons. The fields of child mental health, juvenile justice and child welfare were criticized during the 1960s and 1970s from a number of perspectives. In child welfare it was thought that some children were placed in foster care, juvenile justice facilities, or residential treatment centers who could have remained at home or in less restrictive settings. Children in substitute care usually lacked clearly specified case plans. This resulted in "foster care drift," with unnecessarily long-term placements, multiple placements, and no sense of permanence for many children (Gruber, 1973; Maas & Engler, 1959). Child welfare agency overload, termination procedures, and adoption practices also constrained the use of adoption as a realistic case goal. All of these conditions prompted the development of a variety of foster care preventive programs (Compher, 1983; Jones, 1985; Magazino, 1983).

*One of the principal assumptions underlying foster care prevention and permanency planning efforts is that, in most cases, a child's development and emotional well-being are best ensured through efforts to maintain the child in the home of her or his biological parents or extended family (providing that at least minimal standards of parenting are maintained). Child placement and adoption, however, in some situations may be the more beneficial and necessary option.*

A number of policy and program innovations have been instituted by federal, state, and local authorities to address critiques of the child welfare system. Most notable among these were Permanency Planning, and the related program and fiscal reforms promoted by the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). This federal law mandated that a series of reforms be implemented in state child welfare agencies in order to qualify for special supplemental Title IV-B federal appropriations under the Social Security Act. P.L. 96-272 also requires that states implement a variety of placement prevention services as part of their strategy to ensure that "reasonable efforts" (never precisely defined) have been made to preserve the family before a child is placed in substitute care (Pine, 1986).

Permanency planning refers, first, to efforts to prevent unnecessary child placement, and second, to return children from foster care to their biological families or to some other form of permanent placement such as an adoptive home or long-term foster care family with guardianship. This emphasis took hold in child welfare agencies in the late 1970s and 1980s with the leadership of the Oregon Permanency Planning Project and other training efforts. In the past, permanency planning has been helpful in reducing the numbers of children lingering in family foster care. For example, as of 1985, 26% of the children who left substitute care had been there for 4 months or less; 46% of the children were in placement less than 6 months (Maximus, 1985, p. III-37).

There is, however, growing concern about a lack of program alternatives for family reunification, foster care re-entry, delays in adoption and, more importantly, placement prevention through improving child and family functioning. In fact, many would argue that the focus on permanency planning, creating service alternatives, child stability, and achieving timely adoption of children has not been supported through staff training, supervision, and provision of the necessary resources (Fanshel, 1992).

For example, although the child population in substitute care had fallen from 502,000 in 1977 to 276,000 in 1985, by the end of 1992 it had again risen to 442,000, considered to be very conservative estimate (Tatara, 1992, p. 1, Tatara, 1993, p. 1). Foster care placements are projected by Gershenson to reach 553,600 by the mid-1990s (850,000 if mental health and juvenile justice placements are included), unless something is done to address the increased flow of children into substitute care and the backlog of children who could benefit from more systematically defined and delivered reunification services (Select Committee on Children, Youth, and Families, U.S. House of Representatives, 1990, p. 15).

Child advocates, therefore, remain concerned that essential preventive services are not being provided. These advocates maintain that it is possible to identify families with a sufficiently high risk of maltreatment or harm to justify an intensive intervention to prevent further family deterioration or child placement. But these services are not being provided, in part due to ineffectual enforcement of P.L. 96-272, a general lack of funding for preventive services (Forsythe, 1992) and continuing problems of targeting and screening of families most in need of the service. Consequently, many children have been placed outside

their homes not once but multiple times in different family, group home, residential treatment, juvenile justice, and psychiatric hospital settings (Fanshel & Shinn, 1978; Rzepnicki, 1987); and some children who could be adopted are languishing in substitute care.

According to Farrow (1991), Nelson (1991), Whittaker (1991) and others, FBS, like some of the new family support programs, represent a significant departure from the more traditional categorical services that embrace a child-rescue philosophy, that place treatment within a narrowly "person-centered" perspective, and that give little attention to addressing the family's needs in a holistic manner. In response to the rising number of child placements, some juvenile court judges are ordering local departments of social services to provide housing assistance or FBS under the "reasonable efforts" mandate of P.L. 96-272 (Personal Communication, Judge Richard Fitzgerald, 1991).

## Family-Based Services Program Models

As mentioned earlier, within the broad framework of Family-based Services, there is wide variation across the nation in the kind of interventions, duration of services, size of caseloads, and components of service that characterize these programs.[2] Perhaps this is inherent in all program innovations, but it is one reason why research findings on FBS programs have been confusing. There is enormous variation in the service characteristics of these new programs. The programs themselves are often described using more specific terms such as *intensive family preservation services, intensive family services, family support, family-centered, home-based* and *placement prevention* services. In all of these services the family is not seen as deficient but as having many strengths and resources (Kagen et al., 1987).

FBS programs have recently been started in a number of new service arenas, including juvenile justice, developmental disability, adoption, and foster care reunification programs. An example of a FBS program with a broad public health and family-centered focus is Hawaii's "Healthy Start" program which provides a comprehensive array of health care, counseling and concrete services to families judged to be at moderate to high risk of child maltreatment (Breakey & Pratt, 1991).

The more intensive short-term family-based service programs are designed for families "in crisis," at a time when removal of a child is perceived as imminent, or the return of a child from out-of-home care is being considered (Whittaker, Kinney, Tracy & Booth, 1990). Yet the reality is that this service model is also being applied to chronic family situations that involve child neglect or abuse. These programs often share the same philosophical orientation and characteristics as other FBS programs, but are delivered with more intensity (including a shorter time frame and smaller caseloads), so they are often referred to as intensive family preservation service programs.[3] In summary, while FBS programs may share core features, much diversity in treatment models exists among them.

## Program Limitations and Policy Pitfalls Need to Be Recognized

It is important to note that FBS programs will not replace other types of child and family services or broader societal and service system reforms (Halpern, 1990). While a number of case situations can be addressed by FBS programs alone, some families will always be in need of one or more other child welfare services such as day treatment, family foster care, residential treatment or adoption; and most will need other preventive or support services such as income support, child care, parent education, substance abuse treatment or job training (Pecora et al., 1995, Chapter 1). (See Exhibit 1.) As with other social service interventions such as home-visiting (Weiss, 1993), FBS should not be promoted as a cure-all for families.

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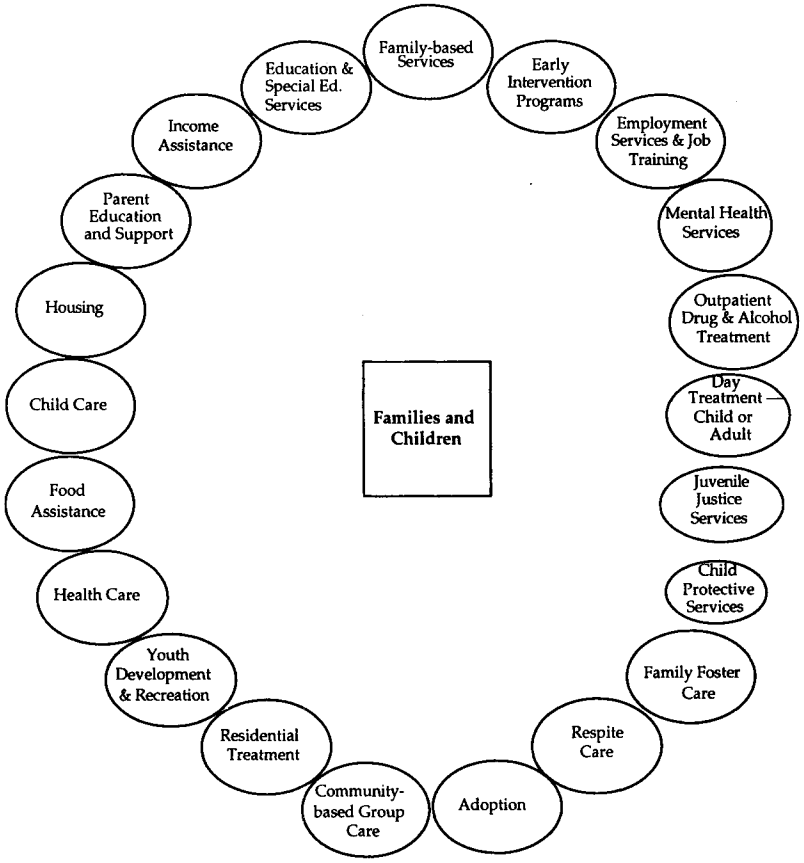
[2]See, for example Bryce and Lloyd (1981); Compher (1983); Kinney, Haapala and Booth (1991); Maybanks and Bryce (1979); Nelson and Landsman (1992).

[3]For studies of program characteristics and effectiveness of FBS programs see for example, AuClaire and Schwartz (1986); Cabral and Callard (1982); Heying (1985); Hinckley and Ellis (1985); Jones (1985); Jones, Newman, and Shyne (1976); Nelson and Landsman (1992); and Szykula and Fleischman (1985). For studies of the program dimensions and effectiveness of the more intensive and time-limited Family Preservation Services programs, see Feldman (1991); Haapala and Kinney (1988); Haapala, McDade, and Johnston (1988); Henggeler, Melton, & Smith (1992); Kinney, Haapala and Booth, (1991); Kinney and Haapala (1984); Kinney, Madsen, Fleming, and Haapala (1977), and Yuan, McDonald, Wheeler, Struckman-Johnson, and Rivest (1990).

**Exhibit 1. An Array of Child and Family Supports in Addition to Family-Based Services is Necessary**



While significant foster care and residential treatment program savings may be realized for some children, FBS programs are just one of an array of services that must be available to support families throughout the life cycle. Without a broader network of family supports available in the larger society and local community, families may not be able to maintain the gains made during FBS, and children may be vulnerable to continued abuse or neglect. Furthermore, some families need services on a long-term basis and are not well served by a short period of intensive work (Maluccio, 1991). Other families need high quality foster care to help them through a difficult period or until the child reaches adulthood (Fanshel, Finch & Grundy, 1990).

## Defining Program Effectiveness

While some of the findings of preliminary FBS studies are positive, the research findings, particularly those based on more rigorous designs, are mixed. The information gathered thus far by a number of studies, together with reports from consumers and practitioners, has created a confusing body of evidence about the effectiveness of these service approaches. This confusion has been exacerbated by some program critics who have ignored some of the more positive studies and distorted the purpose of other studies.

Placement prevention has been the focus of much of the research, while other aspects of program effectiveness have received less attention. There are a number of problems with using placement prevention rates as a primary measure of success. Differences found in placement rates varied from zero to 40%. Clearly, more studies of whether delays in child placement are beneficial need to be conducted, along with how children actually fare when FBS programs allow them to remain at home.

Some of the other major outcome criteria that have been used to evaluate these programs are number of placement days used; reduction in the restrictiveness of placement location; reports of child maltreatment; changes in child, parent, and family functioning; family reunification; and consumer satisfaction ratings (Pecora, 1995). As summarized in Appendix A, the evaluation results for each of these criteria, with the exception of placement prevention (with fewer significant effects), have been generally positive, but mixed. The variability in outcomes is due, in part, to the limitations in the research design and measures used; few analyses of findings by sub-populations of families; lack of adequate staff training; and insufficient organizational stability in many of the programs.

The FBS program evaluation results, while promising across a range of outcome criteria, do not show dramatic differences between control and treatment groups, and are not conclusive.[4] Studies have been confounded by a number of administrative and evaluation problems, however. Problems in administration include referral, staff training, and community resources. Evaluation problems include the use of non-experimental designs, small samples, poor case targeting, under-use of qualitative designs, and inappropriate assessment measures. Across many different fields, evaluation studies appear to suggest that we cannot expect single services to produce dramatic changes in complex social problems.

## Selected FBS Implementation Challenges

**Case Screening.** Targeting services to cases at imminent risk of placement, if placement prevention is the purpose of the program, remains a serious challenge. Note that many of the largest FBS studies with placement prevention objectives were unable to target services to children truly at risk of imminent placement, as evidenced by the fact that few children were placed within 30 days of referral to the study.

Serious efforts are needed in programs with this target population to refine placement criteria, implement interdepartmental screening committees, involve juvenile court personnel, better manage the politics of implementation, and address staff concerns about child safety in order to improve case targeting and screening. Otherwise we will

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[4] For critical reviews of selected evaluation studies of family-based services or the research as a whole, see Bath & Haapala (1994); Frankel (1988), Jones (1985), Magura (1981), Pecora, et al. (1995), Rossi (1992), Stein (1985), and Wells & Biegel (1991). For an incisive discussion of similar challenges with home-visiting program research see Olds & Kitzman (1993).

continue to find only small differences in placement rates between treatment and comparison groups.

**Improving Program Implementation.** Another serious issue that has been inadequately addressed by many FBS initiatives is the need to achieve program consistency and rigor with respect to model specification, staff selection, staff training, program funding, quality control, staff turnover, and maintaining *planned* program refinement in contrast to model "drift" (Gershenson, 1993, Pecora, Haapala & Fraser, 1991; Schuerman, Rzepnicki, & Littell, 1991).[5]

For example, one of the most comprehensive studies thus far, conducted in Illinois, found no significant differences in child placement rates between the experimental and comparison sites. But this was a likely finding given that only 7% of the comparison group cases were placed within 30 days and 16% at six months (Schuerman et al., 1993, p. 104). Despite some innovative approaches to random assignment and careful measurement strategies, a number of complications arose in the following areas: (1) considerable variation among sites and variations in outcomes that are due to characteristics of cases and the services provided to them; (2) substantial differences between the experimental sites in the risks of subsequent maltreatment, placement, and case closing; (3) patterns of case openings and closings differed substantially across sites; and (4) substantial variation was found across sites in the amounts, types, and duration of services provided to Family First and regular services cases (Schuerman, Rzepnicki, Littell & Chak, 1993, p. 118).

*As illustrated by the Illinois, California, Iowa, New Jersey, Utah, Washington and other evaluations of FBS, the program implementation process, worker training, variation in services, and other implementation factors are critical in interpreting study findings and in developing effective research designs.*

## Conclusion

In summary, as stated earlier, the social service and mental health agencies in many states need to place renewed emphasis upon consistent program implementation, staff training and high quality supervision. They can not do this with drastic funding cuts, but will be able to provide more cost-effective services if better permanency planning is provided earlier, more vigorously, and with fewer agency delays. FBS should be part of this more effective service delivery system. And this system must minimize the amount of time that children spend in foster care instead of being with their birth parents, other relatives, or with an adoptive family.

## References

References are available from the author (The Casey Family Program, 1300 Dexter Avenue North, Suite 400, Seattle, WA 98109).

[5]Maintaining program implementation and fitting the evaluation design to program stage are under-emphasized areas. For more information, see Basch et al. (1985), Bielawski and Epstein (1984), Doueck, Bronson, & Levine (1992); King et al. (1987), and Scanlon et al. (1977).

## Appendix A. Family-based Services Outcome Criteria and Findings From Selected Studies[a]

**Days in Placement and Case Closure**

- Children in the IFPS treatment group spent significantly fewer days in placement than comparison group children (e.g., AuClaire & Schwartz, 1986, pp. 39-40+; Nelson, 1984+; Yuan et al., 1990, p. v+).

- The likelihood of case closing for the FBS cases was 46% greater than for the control group cases (Littell & Fong, 1992; as cited in Rzepnicki, Schuerman, Littell, Chak, & Lopez, 1994, p. 61+).

- There is some evidence that FBS may shorten the placement time of those children served by the program. In one study in Connecticut, more than half of the children placed were home within 12 months compared to the state-wide average placement duration of 31 months (Wheeler, Reuter, Struckman-Johnson, & Yuan, 1992, p. 5.10).

**Changes in Placement Rate**

- In Michigan counties where IFPS programs were established using a "staging approach" where some counties who did not yet have the service were used as comparison sites, out-of-home placement rates grew more slowly in the counties with IFPS than those in non-served counties. In those counties where IFPS programs were implemented later, placement rates also appeared to slow as a consequence of the service. Considerable costs were saved by the governmental agencies in those counties as a result of the placement trend decrease (Visser, 1991 as cited in Bath and Haapala, 1994).

**Restrictiveness of Placement**

- Treatment group used a larger proportion of shelter care days compared to other forms of placement (e.g., Yuan et al., 1990+)

- Children in the FBS treatment group used "less restrictive" placement options (e.g., Kinney & Haapala, 1984+; Willems & DeRubeis, 1981, pp. 16-25+).

**Further Reports of Child Maltreatment**

- Treatment group children (n= 52) from chronically neglecting families had fewer subsequent reports of child maltreatment compared to control group children (n=19) (Littell et al., 1992, pp. 8 and 16+).

**Improving Child, Parent, and Family Functioning**

- Improvements in child and family functioning were found, with the treatment group being rated as better in several areas compared to the control group (Feldman, 1991a, pp. 30-33+). In some studies the differences in improvement found at about seven months after FBS services began, however, did lesson over time, with few differences reported by parents at a 16 month follow-up (Rzepnicki, Schuerman, Littell, Chak, & Lopez, 1994, pp. 67-68+).

- In a quasi-experimental study, ratings by workers and parents indicated improvement in caretaker parenting skills, verbal discipline, knowledge of child care, child's school adjustment, child oppositional or delinquent behavior, and child's oppositional behavior in the home (Spaid, Fraser & Lewis, 1991, pp. 139-156).

- In the Los Angeles study of two IFPS programs, there were improvements in the following areas of family functioning: Parent-child interactions, living conditions of the families, financial conditions of the families, supports available to families and developmental stimulation of children (Personal Communication, J. McCroskey and W. Meezan, January 4, 1994+).

- Parental use of new skills at six month follow-up was higher in a recent family reunification study using an experimental design (Walton et al., 1993+).

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*p≤ .05. **p≤ .01. ***p≤ .001.

+=An experimental or case overflow research design was used in these studies.

## Appendix A. (Continued)

**Family Reunification and Child Adoption**

- Stein, Gambrill, and Wiltse (1978+) emphasized behaviorally-specific case planning to achieve more permanent plans for children in family foster care. They found that more experimental group cases were closed (50%) than comparison group cases (29%), and a greater number of experimental group children were returned to their birth families.

- Lahti (1982, p.558+) found that 66% of the treatment group children either returned home or were adopted, as compared to 45% of the comparison group children, when special efforts were made to provide services to birth families.

- A recent experimental study of IFPS focused on serving children who were in foster care for more than 30 days and who were randomly assigned to receive a three month IFPS intervention. These children were reunited more quickly, in higher numbers, and remained in the home for a greater number of days during a 12-month follow-up period than the control group youth (Walton et al., 1993).

**Consumer Satisfaction**

- Primary caretakers have reported relatively high satisfaction levels with most aspects of the FBS service (e.g., Hayes & Joseph, 1985; Magura & Moses, 1984, p.103), including studies that involved comparison of the FBS-served parent ratings with those of parents receiving traditional child welfare services (McCroskey & Meezan, 1993, p. 6; Rzepnicki, Schuerman, Littell, Chak, & Lopez, 1994, p. 77+).

- Primary caretakers mentioned as positive the ability of the worker to establish a good rapport with them, as well as the teaching of communication, problem-solving and chore chart/reward systems (Pecora et al., 1991).

- In a recent family reunification study using an experimental design (E = 62, C = 258) consumer satisfaction ratings in a number of areas were significantly higher for the experimental group families (Walton, 1991, pp. 106-109+). (Also see Walton et al., 1993.)

**Juvenile Delinquency Reduction**

- In a quasi-experimental study of a home-based service program, based on Alexander's behavioral systems family therapy (Alexander and Parsons, 1973), the FBS treatment group participants were assigned based on the need to prevent placement or reunify, and high likelihood of re-committing a delinquent offense within one year. Recidivism in juvenile delinquency differed between the FBS and comparison groups (11.1% treatment, 66.7% comparison group**). When the recidivism rates were adjusted for different follow-up periods, the differences were maintained (5%, 25%). (See Gordon et al., 1988, p. 250+.)

- A home-based FBS program using the Multi-Systemic Treatment (MST) model was used as the treatment for 43 youth (an additional 41 youth were in the control group) to reduce rates of institutionalizing young juvenile offenders. At 59 weeks post-referral, youth who received MST had statistically significant lower arrest rates, had an average 73 fewer days of incarceration, and had less self-reported delinquency (Henggeler, Melton, & Smith, 1992+). (For a review of related studies with equally positive findings see Santos, Henggeler, Burns, & Arana, The American Journal of Psychiatry, in press.)

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**Footnotes for Appendix A:**

[a]Source: Adapted from Pecora, P. J. (1995). "Assessing the Impact of Family-based Services." In B. Galaway and J. Hudson (Eds.) Canadian Child Welfare: Research and Policy Implications. Toronto, CN: Thompson Educational Publishing, pp. 100-112.

*p≤ .05. **p≤ .01. ***p≤ .001.

+=An experimental or case overflow research design was used in these studies.

Chairman SHAW [presiding]. Thank you.

Thank all of you.

Mr. Camp.

Mr. CAMP. Thank you, Mr. Chairman.

Ms. Kelly, I want to thank you for your excellent presentation, and I just have a couple of questions.

The chart there shows that if there is a Families First intervention, it is much less likely that the child will go back into an out-of-home placement. Your earlier chart showed that as a result of Family Preservation or Families First, there was significant savings because money wasn't being spent on expensive out-of-home placement.

Did that chart show simply the State dollars, that number was a reflection of what the State might be spending on foster care?

Ms. KELLY. Those were the total appropriated dollars of a first year savings for all the children we have actually had in Families First. So it is total State and Federal dollars, Mr. Camp.

Mr. CAMP. So that did include the 50-percent Federal match——

Ms. KELLY. Yes.

Mr. CAMP [continuing]. In that number? Because under our legislation that recently passed, that number would remain—those dollars would remain with the States now even though they aren't being used for foster care. So that would be able to be plowed back into Families First as well, not just the State's share, but the Federal share of foster care.

I guess I wanted to get your comments on the fact or the assertion that family preservation may delay adoption if adoption is ultimately going to be something that occurs, and the assertion that maybe family preservation isn't appropriate for every family.

Is there a prescreening process? I wanted to just hear a little bit about how a family is selected for this in Michigan.

Ms. KELLY. Well, first of all, I couldn't agree more with my two colleagues on the panel that for some families, it isn't appropriate, we wouldn't make a referral, it would do harm instead of good. And we do screen those families out, and those would be a threshold assessment around indicators of severe abuse or maltreatment, serious neglect, so we would, in the beginning, never refer those families.

Additionally, we have a window of opportunity when we get into those families. If, by some chance, a serious risk to that child is present and we are working in the home, we would immediately withdraw from that family. And we have done that in significant numbers, about 15 percent of our families, we have withdrawn because safety risks are too high. So we agree. I agree wholeheartedly that keeping families together doesn't mean keeping families together at all costs. It means keeping the safety of children first.

Mr. CAMP. If it is about 15 percent of the families that leave the program, how many would not ever get referred in the first place, if you know that?

Ms. KELLY. We have 120,000 calls to CPS annually. We substantiate about 25 percent of those calls, and those substantiated families would receive some kind of service. About 8,000 of those children eventually end up being removed, and the remainder of those families get some kind of either in-home service, intensive preven-

tion services or, if they have been removed, some kind of reunification service.

It is not about having one program that meets every family's need, but it is about having a full array of services that families have equal opportunity to be targeted for when their situation calls for it.

Mr. CAMP. And that is the protective services number you referred to in terms of——

Ms. KELLY. Yes.

Mr. CAMP. So you see this as one of several options available to a department of social services in order to protect children?

Ms. KELLY. Absolutely. And even at the conclusion of a short-term intervention like Families First, 70 percent of those families go on to either some informal or formal less-intensive services. So we are not trying to say in any case that a 4- or a 5-week program can turn multiproblem families around. We are saying that it offers an opportunity to broker resources, to target appropriate services and to make sure that we are in there assessing that with the family.

Mr. CAMP. Does this program apply at all to what the statutes call delinquent children?

Ms. KELLY. Absolutely. We take referrals from adolescents, delinquents.

Mr. CAMP. Do the statistics that you have shown the committee include abuse, neglect, and delinquency?

Ms. KELLY. This chart that shows the matched comparison excludes reunification or delinquency, because this began almost as soon as we began the program and we didn't take that population in statistically significant numbers at that point.

Mr. CAMP. OK, thank you very much.

Ms. KELLY. We do now.

Chairman SHAW. Mr. Rangel.

Mr. RANGEL. Thank you, Mr. Chairman.

As much as I wish this issue could be colorblind, is it safe to say that with all the statistics we have as to a child being placed for adoption, a child being put in foster care, a child being at-risk, a child being subjected to abuse and neglect, that when we talk about teenage mothers, we have different types of problems and more serious problems than in the general population? Is a child born to a minority teenage mother more subject to being abused, neglected than a child that comes from a two-parent family that is working? I am asking.

Mr. GELLES. We have published two reports on that question. One found that, indeed, single mothers have higher rates of physically abusing their children, unless you control for income.

Mr. RANGEL. What is that?

Mr. GELLES. Unless you control for income. Once you control for income, it turns out that single mothers and mothers in two-caretaker families have the same rates, so income drives——

Mr. RANGEL. You mean, if there were more resources, then you find less abuse?

Mr. GELLES. Yes. Well, in theory that would be the case. The second is that, indeed, teenage mothers in their lifetime will have higher rates of abusing their children, but not necessarily when

they are teenagers. Early onset of having children is a predictor of abusing the child, but it depends on where she is living with that baby. So if she is living with her mother with the baby, the chances of abuse taking place are very low. If she is living with a boyfriend or a transient lover, the chances go up, although she may not be the abuser.

Mr. RANGEL. It is generally accepted, though, that a child would be better off at home with the mother, and better off adopted than in foster care, but the ideal thing is to rehabilitate or to have the child as close to its family, and if there is no family, a mother is possible.

Now, suppose we had a policy that a woman that is 18 years old or less had a child and could not identify the father of that child and we cut off cash benefits to the mother for that child. How would that help in having the child stay closer to the mother as opposed to being abused, neglected and put into foster care? Do you think that would be a factor, based on what you said, Dr. Gelles, in terms of resources and income?

Mr. GELLES. Well, I think I know what the answer to the question is.

Mr. RANGEL. I am not a professional. I am just a politician trying to work with the majority.

Mr. GELLES. In theory. In theory, if you restrict resources for a young mother, you raise the risk that she will abuse her child.

Mr. RANGEL. And if you had one child, and you add resources, and were going to school and working, and then for some reason had another child without the blessing of marriage, then you would increase the danger of the child being abused if you cut off the resources for the second child?

Mr. GELLES. In theory, you would do that. I should qualify all my answers to this and subsequent testimony by saying that there was a time where I believed that simply adding resources to families would across-the-board reduce the likelihood of child abuse. I know now that that is not true.

Mr. RANGEL. That wouldn't make any sense at all to give money to somebody who has a problem that—so you don't have to qualify it. These people on the majority have to change policy. Money is not going to resolve people's problems. We are talking about lack of it.

And I would ask another question. In your professional opinions, would you not say that if concentration was given to education and job training and job opportunities, that there would be less children born out of wedlock?

That is a rough one for you, isn't it? Based on the statistical data that you would see.

Mr. GELLES. I would choose jobs only of the three.

Mr. RANGEL. Well, good. Then don't you believe that people in jobs are trained for jobs? I am asking.

Mr. GELLES. If you want to have an effect on——

Mr. RANGEL. I will say jobs only, OK?

Mr. GELLES. Then I would say yes.

Mr. RANGEL. Then would you say that qualified people get jobs?

Mr. GELLES. I am sorry. What?

Mr. RANGEL. Don't you believe that you have to be qualified to get a job?

Mr. GELLES. Oh, yes.

Mr. RANGEL. Don't you believe education is a part of qualification?

Mr. GELLES. It depends on——

Mr. RANGEL. Give me a break, Doctor. Do you not believe that it is in America's best interest to have the most educated work force in the world?

Mr. GELLES. Yes, but I can't be simply advocating that more education——

Mr. RANGEL. Are we talking about educated people having these babies?

Mr. GELLES. The education has to match the job. Simply adding education——

Mr. RANGEL. I am asking you, Doctor, based on your statistics, when we are talking about children born out of wedlock in a minority community, do you have any statistics at all to show that these are educated people that are having the babies?

Mr. GELLES. In the minority community?

Mr. RANGEL. Yes, sir. People who look like me. People nonwhite, brown and black.

Mr. GELLES. Yes, we do have data. The data is—the greatest likelihood of abuse takes place with someone who has some high school but hasn't gone beyond.

Mr. RANGEL. And most of these people who haven't gone beyond are unemployable, aren't they?

Mr. GELLES. They aren't employable in the inner city any longer, no.

Mr. RANGEL. So there would not be a "profile in professional courage" to say that if we concentrated on education and job training, chances are we could dramatically reduce the number of children born out of wedlock?

Mr. GELLES. All I can speak to is you can reduce the number of children who are going to be physically abused. I am not qualified to talk about whether they will be born out of wedlock.

Mr. RANGEL. Are you qualified, Ms. Kelly?

Ms. KELLY. No, but I am going to give you an opinion here, if I may; that 80 percent of the families that we deal with in the program have some kind of welfare benefits, and 60 percent of them are absent-father households. With some strategic, limited, cost-effective resources, many, over 80 percent of those families, have been able to figure out how to get what they need to appropriately care for their children and many of them have been able to get the support to move on to jobs.

When we look in at them at 1 year, and now with this sample, 2 or 3 years down the road, what we find is that that self-esteem that comes from a job has been very helpful.

Mr. RANGEL. The Chairman has been very kind to me, but I am not talking about after the child is born. The problem with—Dr. Gelles said he was not qualified to answer is that in the minority community, do people who have education, who are employable, have a propensity to have children out of wedlock as teenagers?

That is what I was asking. I really didn't think it took a lot of training. Statistics, could you tell me——

Ms. KELLY. I don't know whether that is true.

Mr. RANGEL. You don't know?

Ms. KELLY. No.

Mr. RANGEL. You don't know whether most teenage minority mothers are without high school diplomas?

Ms. KELLY. I don't have a statistic.

Mr. RANGEL. Do you know it?

Mr. PECORA. I guess I could make one comment as a person who is responsible as part of a management team for 1,400 youth, 56 percent of whom are children with color.

One of the key outcomes we strive for is to make sure every child in the Casey Family Program, no matter if they are in Louisiana, Washington, Arizona, or wherever, graduates with a high school diploma or a GED, because we know that is part of what helps us keep our out-of-wedlock birthrates down, and it helps propel those youth into meaningful employment.

Mr. RANGEL. So you would say that——

Mr. PECORA. I can say from our Casey program experience, one of the key outcomes we strive for is to make sure our graduates are high school alumni and taxpaying citizens.

Mr. RANGEL. When people are colorblind, sometimes they don't recognize the problem; therefore, they can't come up with a solution to it.

Thank you so much.

I've got to find out what schools you went to so I can recommend it to other people so that they can figure it out.

Chairman SHAW. Jim.

Mr. MCCRERY. Thank you, Mr. Chairman.

Frankly, the line of questioning by Mr. Rangel is appropriate, although we have won that debate. We have passed a welfare bill that, to many of us, pursues the line of questioning a little further. Mr. Rangel would try to highlight, you might say, the root causes of abuse and abusive families, and I think that is appropriate. But I think he doesn't go far enough.

What we tried to do in the welfare bill is go one step further and try to get at the root causes of poverty and abuse, which is to a large extent, due to the high rate of illegitimate births in this country. And we feel that for too many years the Federal Government, through its welfare programs, has encouraged that, and we have gotten what we have paid for, and so we had this debate. We won the debate.

We are hopeful that the Senate will follow our lead, and if not, at least give the States the flexibility to enact some rules in their welfare programs which will discourage illegitimate births and thereby prevent these problems from occurring.

Mr. RANGEL. If the gentleman will yield?

Mr. MCCRERY. I will not yield right now.

I think the gentleman's line of questioning is short-sighted and only looks at children who are in the world now, and certainly we all want to make sure that those children are not neglected or abused and we want to give them care. But if we only use tunnel vision and look at those children and not look at what is causing

the circumstances that those children are born into, then we have not done our jobs.

So I wish the gentleman would go a little further and try to help us in instituting policies in this country which would discourage young single women, who are unable, either emotionally or economically, to take care of a child from ever having a child.

Mr. RANGEL. Would the gentleman yield on that?

Mr. MCCRERY. I would be glad to yield.

Mr. RANGEL. Listen, you won the debate because you had the votes. I only thought——

Mr. MCCRERY. Which, Mr. Rangel, you should be accustomed to.

Mr. RANGEL. I am accustomed to it.

I thought that all of these professionals were here to see whether there was any merit to what you won, and I don't mind being——

Mr. MCCRERY. Reclaiming my time.

I think these expert witnesses——

Mr. RANGEL. I was trying to ask them.

Mr. MCCRERY. Reclaiming my time.

Chairman SHAW. Mr. McCrery has the time.

Mr. MCCRERY. I think these expert witnesses did an excellent job of providing us testimony within their expertise and did a fairly good job in fending off your politically motivated questions.

Mr. RANGEL. I don't think that is fair, Mr. Chairman. This is a——

Mr. MCCRERY. I think it is highly fair.

Mr. RANGEL. We are talking about children and we are talking about poor people, and——

Mr. MCCRERY. And I am telling you that your questioning was appropriate but didn't go far enough. And I think that it is clear that these witnesses answered their——

Chairman SHAW. Mr. Rangel, I will give you a second round since you are the only one from the minority here, but I am going to insist that you——

Mr. MCCRERY. Mr. Rangel, I know what you were trying to do.

Mr. RANGEL. I don't think we should——

Chairman SHAW. Let me just say, let me just say, the 5-minute rule, I extended to 10 minutes for your questioning because you are the only one left.

Mr. RANGEL. And I appreciate that.

Chairman SHAW. Mr. McCrery now has the time.

I am going to—I am going to insist—Charlie, I am going to insist that Mr. McCrery continue the line of questioning uninterrupted.

Mr. RANGEL. We don't need these accusations when we are working together.

Mr. MCCRERY. Everybody here can be the judge of motivations and whether we work together. But frankly, surely you don't think that you won the arguments all these years because of your superior intellect and ability to argue the point. You said we won because we had the numbers. Mr. Rangel——

Mr. RANGEL. Mr. Chairman, point of order, here, please.

I am not going to stand here and be insulted. Now, if I am wrong, I am wrong.

Mr. MCCRERY. You can insult me, but I can't insult you?

Mr. RANGEL. If I said anything to offend you, I apologize.

Mr. MCCRERY. Likewise.

Chairman SHAW. I would ask that the members refrain from commenting on other members, and continue the questioning.

Jim, do you have any further questions?

Mr. MCCRERY. I have made my point, Mr. Chairman.

Chairman SHAW. I think you have.

Mr. English.

Mr. ENGLISH. Thank you, Mr. Chairman.

I would like to get responses from Dr. Gelles and Dr. Pecora on a couple of specific points.

Is it your view that the scientific evidence now permits the conclusion that family preservation programs reduce the probability of a child going into foster care?

Dr. Pecora.

Mr. PECORA. We have mixed evidence right now. We can't say definitively that it does work or it doesn't work because the studies have been like comparing apples and oranges and lemons. For many of the studies that looked at well-implemented programs where staff were well-trained and there was one definitive treatment model, we are seeing increasingly that those programs are successful for juvenile delinquents or family placement prevention, for reduction of emotional problems in parents as well as youth.

For a variety of some of the large-scale studies that were done, particularly in Illinois and some of the other States, where you had a mixture of models and staff received 1 day of training, or 5 days of training, or 2 weeks of training, many of those results are dismal and the experimental studies show that.

So we are at an early point in the development and the evolution of these programs. It is not unlike the early days of Head Start or some of the other major social service movements in this country, and I think it is going to take a little more time to shake out the more effective programs from those that are sloppily implemented or don't have—don't hold water in terms of their integrity.

Mr. ENGLISH. Dr. Gelles.

Mr. GELLES. I think Dr. Pecora is right. I think that the evidence is so mixed that you cannot say that intensive family preservation programs reduce children going into foster care. The only thing I would add to that is that having looked at the various studies that measure the so-called effectiveness of intensive family preservation programs, I would argue that one of their shortcomings is that they measure the wrong outcome; that most of the studies fail to measure child outcome, not whether the child goes to foster care or doesn't go to foster care, but is this program good for the short-term development of the child or the long-term development of the child? And one of the real gaps in this literature is most of the studies simply don't measure that.

Mr. ENGLISH. Is the scientific evidence any more conclusive with regard to a conclusion that family preservation programs have positive measurable impacts on children's behavior and development, using indicators, outcomes such as school attendance, school performance, and delinquency?

Dr. Gelles.

Mr. GELLES. No. I am looking at the outcomes assessed in the dozen or so high-quality studies, at least that I know of, including

the Michigan study, and that is simply not an outcome variable that is typically—that was measured at all in these studies.

Mr. ENGLISH. Dr. Pecora.

Mr. PECORA. There are a few studies that are looking at that area, and some of the most groundbreaking work that is being done out of departments of psychiatry involving socialworkers and psychologists as some of the providers, is showing some dramatic reductions in delinquency, and they are also starting to measure some of the things you mentioned, those critical outcomes, like does this child attend school better, are they getting better grades. So now what we have is a third wave of research that is finally reaching the journals.

A number of the things that I have here are just in press out of Psychiatry and Psychology; these studies are beginning to show that there are dramatic outcomes. But it has taken us 12 years or more for some of these programs to be developed well enough and rigorously enough so they can be implemented.

So we have a number of programs out there in the country that are not being implemented well, where staff are not sufficiently trained, and where the models are not theory-based. So for those programs, we are not going to see much in the way of differences.

Mr. ENGLISH. Ms. Kelly, on these two points, working within your program, beyond the anecdotal evidence, do you have anything to add on those two points?

Ms. KELLY. Well, we do have two things: One is that we are seeing a comparable reduction in the use of out-of-home care, and we are finding reindications of serious abuse and neglect in the families that have been through family preservation services. So in 31 children who have been through our services in the last 7 years, we have had, unfortunately, 2 children die, and 1 child is too many, but those are really highly significant indicators of the effectiveness of keeping families together safely.

We are moving into looking at the comparison between school attendance, for example, with delinquency. We are looking in on the kind of intensive probation and followup services that accompany a short-term crisis intervention service, and we will have some family functioning data available soon.

Mr. ENGLISH. Thank you, and that concludes my questions. But I do want to thank all three of you for coming here and offering your real expertise in this area.

Thank you.

Chairman SHAW. Mr. Ensign.

Mr. ENSIGN. Thank you, Mr. Chairman.

I would just like to make a few comments before I question, and that is that I think that what we see here a lot with the foster care system, we see a lot with—especially when we get into the abusive situations and see people that have to give their children up, or the State has to take them away, is that we are not getting at the root causes.

And in our society, if we actually are looking at root causes for what we are dealing with here, I think that we are dealing with almost moral and spiritual underpinnings in the decay that we have seen in this country, because we don't value life, we don't value life when you are old, we don't value life when you are

young, when you are unborn, and I think there are those underpinnings. And then with the violence that we see on television, people are what they are in a lot of ways because of what goes into their mind. And if we think that what they see on television and in the movies doesn't affect them, I don't care what scientific research somebody says, causal effects, I don't see how it can't influence children and then enter their adulthood. And so when we are looking at root causes, it seems like to me that we are dealing with the whole picture.

Certainly, economics plays a part of that. But also the moral decay that we have had in the last 30 to 40 years in our country, I would think that has contributed greatly.

And it would also seem to me that if we are serious about these problems in our country, that we need to address those as well, instead of just trying to throw some money at it at the end of the problem, and in social services and everything, that those need to be some moral underpinnings that we need to reestablish in this country.

I am not talking about putting somebody's morality on other people. I am talking about certain universal truths and certain rights and wrongs that we all know are rights and wrongs, and we don't even teach those anymore because we are afraid of teaching what somebody's morals and not somebody else's morals. And there are certain universal truths to which we do not get into anymore because we are afraid of teaching religion or any type of morality in our schools.

Anybody wish to comment?

Ms. KELLY. I think that your comments are well taken, sir. And I really believe that we have to look for long-range theories and problem solving, but we also have millions and millions of children here right now—and my question to all of us is, how can we put together right now for these children who come to the attention of all of our systems, the best kind of service available to meet their needs now, regardless of the situations that surround them? We are not talking about children that are yet to be born.

Mr. ENSIGN. Right.

Ms. KELLY. We are talking in Michigan about 13,000 children who have come into foster care. What do we do now, and I think that is the question.

Mr. ENSIGN. I would agree with you. And part of the problem, and I think everybody is coming up with it, is that there are gray areas in these areas and that is why a lot of statistics don't show the clearest answers. When is the best time to take a child out of the home?

When is the—when is—you know, for the child's well-being, because sometimes you guess wrong. Sometimes all the theory in the world doesn't make it easier to decide when you see these situations developing, you should take them out of the home.

Well, that doesn't always work, and sometimes it does. All I am saying is that, yes, absolutely, we need to look at the answers for those, but it would be best to not get to that situation in the first place. And we are dealing with statistics here, so overall, how can we decrease those numbers in the future?

We have to be looking long term as well as in the short term. I think you have to address both problems at the same time, which would lead me into my next question, and that is, so what is the Federal role in getting to these short-term problems?

You have the State role. Right now some people are dealing with the State role. What is the role of the Federal Government in all of this? What should we be telling the States to do? Should we be involved at all in this?

Ms. KELLY. I think our history in the past has been one of a partnership. For us in Michigan, what has really worked is to be creatively allowing to use the flexibility that we have had to take the funding sources available and maximize them. It is not about a program and it is not just about a discrete service. It is really about developing a continuum of care that uses all available resources, flexibly enough to meet the needs, not just of statistics, but real-life children whose lives we are trying to work with right now.

Mr. ENSIGN. Are you saying the Federal Government should just supply funds then and let the States have complete flexibility? I am just asking for your input, what you see as the best role for the Federal Government in this.

Ms. KELLY. I think you have heard from my Governor and our director of social services regularly on how we have been able to creatively maximize flexibility. I think that doesn't come without accountability and real responsibility for those children's lives.

Mr. PECORA. I think there needs to be a balance between core standards and holding people accountable for key outcomes, that includes State and local governments, and then balancing that with local flexibility, with good research studies accompanying some of these innovations, these program innovations.

Too often we fund programs without rigorously evaluating their worth, and I think you need to have a balance of the two. You have to have the two. You have to hold the local folks accountable as well as at the Federal Government level we have to be setting some clear universal standards that help drive some of the program development in the right direction. So it is a balance of both.

And I appreciate your remarks about the need to look at the foundation and societal context for things, because if you look at our system as sort of a river and we have got a broken bridge upstream, and you have family preservation, foster care, and adoption services as the people who are downstream with the life preservers, it sure would be nice to put some dollars into fixing the bridge upstream so so many people wouldn't be falling into the river. So I think your point about looking at our societal values and what we are teaching kids and paying attention to some of the basics is very important.

Mr. ENSIGN. I see my time is up.

Thank you, Mr. Chairman.

Chairman SHAW. Thank you.

Ms. Kelly, I would like to direct a couple questions to you, if I may.

We have a case in Florida which was the subject of a large article in the New York Times just yesterday, and has been, of course, covered by our own local newspapers, the Sun Sentinel and the

Miami Herald down in the Miami-Fort Lauderdale area. It relates to a Dr. Rider who is keeping a baby in foster care. And it shows what happens when the system gets just totally out of whack and out of control.

The child was born to a drug-dependent mother who already lost a couple of her kids, and I think since then, another child has been taken away from her. And this child was put in foster care with Dr. Rider who was led to believe that she would be able to eventually adopt the child.

The child was in her care for almost 2 years in foster care, and then when the authorities decided that they did find a family member that they felt was appropriate for adoption, they came and took the child away from her. This led her to flight, and as a result, she is facing a felony right now, and is under house arrest in her own—in her own home.

I think it shows the tragedy of what happens when the State cannot move expeditiously in deciding the future of a child. This is not only played out in this particular case, but we are seeing it in so many cases, where children are in foster care 5, 6, 7 years while the States are trying to either rehabilitate the parent or find a suitable relative, when that particular child could be part of a family environment, could be adopted, and they are simply just not doing that.

What do you feel is an appropriate time, or is there any way that you can describe what would be an appropriate time for the State to make a determination, one, if the relationship with the natural parent is to be severed, and two, what is an appropriate time in which to find a suitable family member or go ahead and have the child put up for adoption with a—with a member outside their own family?

Ms. KELLY. I don't know all the answers to that, and I do think——

Chairman SHAW. Obviously, we don't in Florida either.

Ms. KELLY. It is a serious problem. But I do know that it is a no-win situation for children when a system leads a foster family to believe that they will have the right to someone else's child, which obviously from that article, there was an indication that the system believed that it could guarantee the right to that mother of someone else's child.

And I do think that in many cases that I have been familiar with, parents have tried unsuccessfully to get their biological children back early on and haven't been able to do that despite their best interests and an unexpeditious court system. So I think in those cases, we have to look both at the system that propagates the myth that really someone else might have a right to your children, for no fault of your own—and I don't know, and I wish Judge Steketee were here, because he has had a great deal of experience moving parental right terminations quickly and moving adoptive placements quickly.

I think, again, we have to look at that child. What is in the best interest of that child. And when too much time passes, it gets really cloudy, because for that child, the only family she knows is the one that she was with. And I think that, unfortunately, puts a dilemma in that child's life forever. So I think what you have right

there is a no-win situation. And I think, unfortunately, there are a lot of pieces of that system that didn't work appropriately.

But I do think we have to keep that child's welfare first when we look at it, and I do know that in our system we do not terminate rights expeditiously. We wait too long for many children, and we don't move children to permanency as fast as we can, and will in the future. That is one of our goals. We see the damage it does to children. I don't know if any of my other colleagues have a comment on that.

Chairman SHAW. I would welcome any comment any of the other panelists might have on that subject.

Mr. GELLES. I would, at the risk of oversimplifying, I take a harder position that the rights should have been terminated expeditiously, as early on in the child's life as possible. In order to make that possible in the State of Rhode Island, in July 1994, we enacted two pieces of legislation.

One is that a previous termination of parental rights is prima facie evidence for terminating parental rights without making reasonable efforts on subsequent children, and that allows the courts to terminate parental rights without having to make reasonable efforts and keep the child in limbo.

The second legislation that was enacted was that an uncured substance abuse problem that goes on for 12 months is also prima facie evidence for termination of parental rights. If you follow Ms. Kelly's argument to its logical conclusion and you really are concerned with the best interest of the child and you look at developmental outcomes and what predicts best developmental outcomes, you terminate parental rights as early as possible, and I say that with a small footnote, you are going to make mistakes, but you have to decide what kind of mistakes you want the system to make.

Do you want to make mistakes that ultimately end up in children having poor developmental outcomes or even being killed, or do you want to take children away, maybe inappropriately from parents, maybe a little bit early because the system is tilted toward the best interest of the child? It would be the latter system I think that we need.

Chairman SHAW. Well, in the particular case that I refer to, it seemed to me it was a no-brainer as far as the termination of the rights of the natural mother, and that already three other kids, I think, had been taken away from her—and as I say, the only thing I know is what I have read in the press, or I have thought there may be some complications that I am not aware of, but to me, once you have that situation where the mother is certainly deemed not a fit person to have custody of the child, that there ought to be some quick way to decide whether there was a family member who is a proper person, make that determination and go on with it and let the child be adopted at a very early age and very quickly.

Mr. GELLES. We had a child in foster care, the foster mother wanted to adopt the child. The parental rights on the father had been terminated on two previous children and the mother was in jail on a substance abuse charge, and instead of terminating parental rights, the State returned this child to the father who beat the child to death within 2 weeks. That also seemed to be a no-brainer.

When we did a fatality review and got to the bottom of it, the bottom of it was that the department and the worker felt that our job was to make every possible effort toward reunification, toward preserving the family. Somehow the reasonable efforts provision of Public Law 96–272, was interpreted at the street level as "every possible effort," and it cost this little boy his life.

Chairman SHAW. I am not sure I know where the Federal hook is or where our involvement is in this particular regard, but I think that it is important that this committee search for that, and also that we shine a light on the tragedy that is living itself out every day in this country because of the complete breakdown of the foster care program. I shouldn't say complete breakdown, but to the breakdown that has prevented so many kids from having families.

Mr. Levin.

Mr. LEVIN. Just very briefly, because we do have a vote.

I have read the testimony, and we have had a chance to talk before, and I have followed the Families First program in Michigan, and I think it is a strong program. My only point would be, I don't know why we get ourselves, Mr. Chairman, into an either/or proposition, why we juxtapose family preservation against a decent foster care program, because I think the experience is that you need to have both. And I think there has been a tendency to look for the magic wand here, and there isn't, I don't think.

I think the evidence is pretty strong that there isn't. And we have to have adequate resources, well-used, and we haven't. Either sometimes the resources have been adequate or they haven't been well-used, and sometimes the resources have been inadequate.

So I enjoyed reviewing the testimony, and I—and we all want to work together to make sure this happens. But there is no easy answer here, I don't think.

Chairman SHAW. The problem is when the system doesn't work, everybody becomes a victim. The natural parent, the prospective or adopting parent, and of course the largest victim of all, the most tragic victim of all is the child.

There is presently a vote on the floor. If none of the members have any additional questions.

Mr. RANGEL. Mr. Chairman, I would like to thank the panel for taking the time to share their expert testimony with us, and also apologize for subjecting you to the exchange that took place between me and another Member. And I want you to know that it was never my intent to politicize your testimony.

I did ask what I meant, and I meant what I asked, and I hope that there is no offense taken by you who have taken the time to share your views with me.

Chairman SHAW. I think that quote was in Dr. Seuss.

Mr. RANGEL. I haven't read his latest issue, but I will accept that.

Chairman SHAW. Well, the committee will stand in recess.

And I would like, too, to add my thanks to this most distinguished panel, for taking your valuable time to travel to Washington and testify before the committee.

We will take only a brief recess. I know that the third panel, or the second panel today is on time constraints.

I am also aware of travel problems that you have, and I will reconvene this committee in about 15 minutes.

[Recess.]

Chairman SHAW. OK. The committee will be back in order.

We now have our second and final panel for this afternoon. Dr. Albert Solnit, and I realize, Dr. Solnit, you are the one with the travel schedule and so when you feel uncomfortable about remaining with us, you can just get up and leave. We will know that you are not mad at us, that you did have an airplane to catch.

Dr. Solnit is the senior research scientist at Yale University Child Study Center. He is commissioner of the Connecticut Department of Mental Health. One of the other witnesses, Dr. Nicholas Zill, is the vice president and study area director of Westat, Inc., a survey research firm based in Washington, D.C.

Jean Price is vice president, social services, for the Children's Home Society of Florida, a statewide nonprofit children's agency with 14 divisional offices. Dr. Carol Statuto Bevan is vice president for research and public policy for the National Council for Adoption.

And finally, we have Judge William Maddux of Cook County Circuit Court in Chicago, Ill. Welcome all.

And Dr. Solnit, we will start with you, sir.

**STATEMENT OF ALBERT J. SOLNIT, M.D., SENIOR RESEARCH SCIENTIST, YALE UNIVERSITY CHILD STUDY CENTER, NEW HAVEN, CONN., AND COMMISSIONER, CONNECTICUT DEPARTMENT OF MENTAL HEALTH**

Dr. SOLNIT. Mr. Chairman, thank you. Members of the committee, thank you for inviting me to testify. I am sorry I am not going to be able to participate in the panel which probably may be one of the more interesting ways in which to learn from each other and to communicate to you what we think is useful to you.

At the outset it is my assumption that so long as the child is a part of a viable family, his or her own interests are merged with the other members. Only after the family fails in its function should the child's interests become a matter for State intrusion. At such times, the child's interests are paramount in comparison with the interests of the contending adults or agencies and I have titled my presentation "Child Preservation."

Historically, it is important to understand that adoption, the kindness of strangers, is indeed a relatively recent effort on the part of lawmakers to give weight to the best interests of children when their biological parents are unable to care for them, prefer not to keep them, or in some way, for example, through violence or abandonment, do not provide the standards of care for the child that our society requires.

It is important to realize that the following criteria are what assure the child of the best opportunity to realize his or her potential for a full, healthy and productive development. One, to feel wanted; two, to be provided with continuous affection and safe care on a permanent basis; and three, to have at least one adult who insulates the child from the law and all that it represents.

And there really should be a fourth that the State fails to meet, that is, to respect the child's sense of time. The State does not seem

to know how to develop a fast track to avoid some of the issues that came up in the first panel by allowing the passage of time to create dilemmas which could be avoided.

Therefore, although there is an advantage to the birth parents of preparing biologically and psychologically to receive their child when he or she is born, that advantage ceases to be useful to the child. When the child is not wanted; is abandoned; or is severely abused to the point where the child's life is endangered and the child may be permanently injured; such parents are disqualified. Then, other adults who want the child and can provide affectionate, safe, nurturing care on a permanent basis can achieve the same degree of importance to that child as the biological parents could have achieved had they been able to function adequately.

The great advantage of being cared for by one or more adults who want that child and who will provide affectionate care on a permanent basis far outweighs for the child the disadvantage of wondering who were his original parents and why they didn't or couldn't keep him or her with a continuity of affectionate care, uplifting expectations, and useful, safe guidance.

A parent who can provide day-to-day attention to a child's needs for physical care, nourishment, comfort, affection and stimulation will form an attachment with and build a psychological relationship to the child and will become that child's psychological parent in whose care the child can feel valued and wanted. An absent biological parent will remain or tend to become a stranger.

The role of a psychological parent can be fulfilled either by a biological parent or by an adoptive parent or by any other caring adult but never by an absent, inactive adult whatever his biological or legal relationship to the child may be. A psychological parent fulfills the child's psychological needs for a parent, as well as the child's physical needs, on a continuing day-to-day basis, through interaction, companionship, interplay, and mutuality.

The psychological parent, as mentioned previously, may be biological or adoptive or may be a foster or common-law parent or any other person who fulfills the criteria of what the child needs. There is no presumption in favor of any of these after the initial assignment at birth.

Initially in a hypothetically contested child placement conflict, a decision was rendered by a fictitious judge in referring to the conflict between long-term, care giving foster parents and absent biological parents.

He said, to leave undisturbed the relationship of the child to his common-law parents protects the well-being of the child. To favor the biological parent also would impose an intolerable hardship on both the child and the psychological parents. To favor the child would be to favor as well his psychological parents.

If each human being's interest is entitled to equal weight, more interest will tilt the scale toward leaving well enough alone in this case than toward allowing the biological parents to prevail. However, the State's preference to serving the child's best interests refers to the child's interests being paramount when there is a conflict between two sets of contesting adults.

Most adult professionals, socialworkers, legal professionals, and so on, and nonprofessionals have a tendency to favor biological par-

ents because they find it difficult to place themselves in the child's place and they are more comfortable embracing the mystique of the blood tie and in searching for what is most fair for the contending adults or agencies as compared to what is the least detrimental alternative for the child.

Clearly in such situations, taking into account the child's needs and tolerances, including the child's sense of time, the available choices are far from ideal. They are choices between what is most harmful and disadvantageous and what is least detrimental.

In the Florida case, there would have been no doubt of what is in the child's best interests even though you might want to fine some adult or set of adults or the State for not having moved more quickly toward a resolution.

Finally, family preservation should be viewed as child and family preservation—we have already heard how everyone agrees with the continuum—a viable alternative when the risk factors can be transformed by at-home and in-community services that are child centered and family oriented.

But when the child has already been repeatedly injured by parents or abandoned or severely neglected to the degree that it is life-threatening or leads to serious physical impairment, then it is too late for family preservation. But it is never too late for child preservation if society will provide laws and resources that will lead to termination of parental rights and within the child's time tolerances to adoption or permanent foster care, that is foster care with tenure.

And finally, experimenting with children should be avoided. If we are going to try family preservation, it shouldn't be done as an experiment that has the likelihood of not succeeding. I don't think it is right without informed consent to do experiments of using family preservation when the facts that are known indicate that that isn't going to work and that even your best hopes aren't going to be realized.

On the other hand, when the risk factors indicate that there is a good chance that not only will the family be able to stay with the child, and the foster care system does not offer a better alternative, we need to use family preservation. Our social policy should provide both options and each child and family should be provided with the option that gives the best fit in the service of the child's best interests. We need to keep those factors in mind when you are making social policy.

Thank you for having me and I am sorry I am going to have to leave early.

[The prepared statement and attachment follow:]

TESTIMONY OF ALBERT J. SOLNIT, M.D.
YALE UNIVERSITY

CHILD PRESERVATION

Introduction:

At the outset, it is my assumption that "so long as the child is part of a viable family, his or her own interests are merged with those of the other members. Only after the family fails in its function should the child's interests become a matter for state intrusion." (Goldstein, 1979B) At such times the child's interests are paramount in comparison with the interests of the contending adults or agencies.

In giving meaning to the traditional goal of serving the best interests of the child "decision-makers in law have recognized the necessity of protecting a child's physical well-being as a guide to placement. But they have been slow to understand and to acknowledge the necessity of safeguarding a child's psychological well-being. While they make the interests of a child paramount over all other claims when his physical well-being is in jeopardy, they subordinate, often intentionally, his psychological well-being to, for example, an adult's right to assert a biological tie. Yet both well-beings are equally important, and any sharp distinction between them is artificial." (Goldstein, 1979-A, p.4)

Historically, it is important to understand that adoption, the "kindness of strangers," is indeed a relatively recent effort on the part of law-makers to give weight to the best interests of children when their biological parents are unable to care for them, prefer to not keep them, or in some way (e.g., through violence or abandonment) do not provide the standards of care for the child that our society requires. It is important to realize that the following criteria are what assure the child of the best opportunity to realize his or her potential for a full healthy and productive development: (1) to feel wanted; (2) to be provided with continuous affection and safe care on a permanent basis; and (3) to have at least one adult who insulates the child from the law and all that it represents.

Therefore, although there is an advantage to the biological parents of preparing biologically and psychologically to receive their child when he or she is born, that advantage ceases to be useful to the child and such parents are disqualified if the child is not wanted, is abandoned, or is severely abused to the point where the child's life is endangered or the child may be permanently injured. Then, other adults who want the child and who can provide affectionate, safe, nurturing care on a permanent basis can achieve the same degree of importance to that child as the biological parents could have achieved had they been able to function adequately. The great advantage of being cared for by one or more adults who want that child and who will provide affectionate care on a permanent basis far outweighs for the child the disadvantage of wondering who were his original parents and why they didn't or couldn't keep him or her with a continuity of affectionate care, uplifting expectation, and useful, safe guidance.

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The following testimony is submitted in response to questions prepared by the Subcommittee on Human Resources regarding Federal Adoption Policy Hearings.

1. Does research and clinical experience support the claim that adoptive parents and children can form the type of intimate and trusting relationship usually formed between biological parents and their children?

A parent who can provide day-to-day attention to a child's needs for physical care, nourishment, comfort, affection and stimulation will form an attachment with and "build a psychological relationship to the child...and will become his (or her) 'psychological parent' in whose care the child can feel valued and 'wanted.' An absent biological parent will remain, or tend to become, a stranger." (Goldstein, 1979-A, p.17) The role of psychological parent "can be fulfilled either by a biological parent or by an adoptive parent or by any other caring adult--but never by an absent, inactive adult, whatever his biological or legal relationship to the child may be." (Goldstein, 1979-A, p. 19) A psychological parent fulfills the child's psychological needs for a parent, as well as the child's physical needs, on a continuing, day-to-day basis, through interaction, companionship, interplay, and mutuality. The psychological parent, as mentioned previously, may be biological or adoptive, or may be a foster, or common-law parent, or any other person (who fulfills the criteria of what the child needs.) There is no presumption in favor of any of these after the initial assignment at birth. (Goldstein, 1979-A, p. 98) Recently, in a contested child placement conflict, a decision was rendered where the judge, in referring to the conflict between long-term care-giving foster parents and absent biological parents, said: "to leave undisturbed the relationship of the child to his common-law parents protects the well-being of the child...To favor the biological parents would impose an intolerable hardship on both the child and the psychological parents. To favor the child would be to favor as well his psychological parents. If each human being's interest is entitled to equal weight, more interests will tilt the scale toward leaving well enough alone than toward allowing the biological parents to prevail." (Goldstein, 1979-A, p. 110) However, the state's preference for serving the child's best interests refers to the child's interests being paramount when there is a conflict between two sets of contesting adults.

2. Is it correct to claim, as have several witnesses who have appeared before the Subcommittee, that the social work and legal professionals favor the rights of biological parents and thereby slight the needs of children in the handling of abuse or neglect cases?

Most adults, professionals (social workers, legal professionals, et al) and non-professionals have a tendency to favor biological parents because they find it difficult to place themselves in the child's place and they are more comfortable embracing the mistique of the blood tie and in searching for what is most fair for the contending adults or agencies as compared to what is the least detrimental alternative for the child. Clearly, in such situations, taking into account the child's needs and tolerances, including the child's sense of time, the available choices are far from ideal -- they are choices between what is most harmful and disadvantageous and what is least detrimental.

3. Does the family preservation movement represent a further elaboration of the view that the rights of biological parents should in practice supersede those of children?

Similarly, is it possible that states could create programs in which parents who abuse or neglect their children receive brief but intense services and then, if the services fail, in which the court moves expeditiously to terminate parental rights and make the children available for adoption?

Family preservation should be viewed as child and family preservation, a viable alternative when the risk factors can be transformed by at-home and in-community services that are child-centered and family-oriented. But when the child has already been repeatedly injured by parents or abandoned or severely neglected to the degree that is life-threatening or leads to serious physical impairment, then it is too late for family preservation; but it is never too late for child preservation if society will provide laws and resources that will lead to termination of parental rights and, within the child's time tolerances, to adoption or permanent foster care, that is foster care with tenure.

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Chairman SHAW. Thank you, Doctor.
Dr. Zill.

**STATEMENT OF NICHOLAS ZILL, PH.D., VICE PRESIDENT AND DIRECTOR OF CHILD AND FAMILY STUDIES, WESTAT, INC., ROCKVILLE, MD.**

Mr. ZILL. Thank you. My name is Nicholas Zill. I have been working for the last 20 years to study children's well-being through large national surveys and longitudinal studies. I have been asked to come here today and tell you something about adoptive families in the United States and adopted children, based on a large national survey that was done in 1988 by the National Center for Health Statistics. I analyzed data from the survey along with Mary Jo Coiro of Child Trends and Barbara Bloom of the National Center for Health Statistics. This was a survey of 17,000 children across the United States, a probability sample of all children, and in it were 273 adopted children.

What I do in my written testimony is compare those adopted children with three other groups of children: Children who are being raised by unmarried mothers; children who are living with their grandparents; and children in the "natural situation of living with both of their biological parents."

What I am looking to provide are answers to the questions in the Chairman's opening statement, namely: Can adoptive parents fulfill children's developmental needs as well as biological parents? What do we know about the home environments provided by adoptive parents? How do children fare in adoptive placements? I want to emphasize that this is not an experimental study. It is a cross-section of children to give us an idea of what adoptive families look like in the United States.

To summarize: Can adoptive parents fulfill children's developmental needs as well as biological parents? Yes. What do we know about the home environments provided by adoptive parents? They are generally excellent. In fact, they are significantly better than those provided by unmarried mothers and those provided by grandparents. If you look at some of the figures at the back of my presentation, you will see, for example, various indicators of the home environment.

Mr. FORD. What page?

Mr. ZILL. Figure 1 after the end of the statement. Does the child have a late or irregular bedtime? That was true of 8 percent of adoptive children compared to 30 percent of children living with unmarried mothers and 16 percent of those living with both birth parents.

Does the child use a seatbelt when riding in a car? All but 21 percent of adoptive children did use seatbelts. That was half the rate of not using seatbelts of children living with unmarried mothers and better than those with both birth parents.

Does the child have an adult smoker in the household that poses a threat to the child's health? That was true for 32 percent of children in adoptive families compared to a majority of children living with unmarried mothers or living with their grandparents.

What is their access to medical care like? If you look at figure 2, you see that children have excellent access to medical care in

adoptive families. Only 8 percent have no health insurance, only half the rate of children living with unmarried mothers.

Has the child seen a dentist in the last 2 years, a good indicator of general preventive health? True of all but 10 percent of children with adoptive parents. Whereas for children living with unmarried mothers, it was 25 percent. Does the child have a regular provider of sick care? Also true for all but 13 percent, a lower rate than that for all other family types.

Is the good home environment that the adopted children have reflected in the state of the children themselves? How are the children doing? The answer to that is that the majority fare very well indeed. Looking at their health, we find that 56 percent are rated in excellent health with no activity limitation. This is the same as children who live with both of their birth parents, whereas it is only true of a minority of children who live with unmarried mothers or with grandparents.

On the other hand, if we look at the percentage who are in fair or poor health or with limiting conditions, we do find that a significant minority of children, about 11 percent, have a condition and that is about comparable to those children living with unmarried mothers.

What about their use of medical care? If we look at figure 4, we see that adoptive children spend about 3.8 days in bed due to illness or injury, less than that for unmarried mothers and comparable to that for children with both birth parents. The number of physician contacts is slightly higher, but that seems to reflect the willingness of good access to medical care that adoptive children have and the adoptive parents to obtain that care very readily.

But look at the situation with hospital visits. Only 2.1 per 100 children among adopted children, less than a quarter of that for children living with unmarried mothers and substantially less than those living with both birth parents. In other words, by getting good care, the adoptive parents are avoiding inappropriate use of hospitals, as well as emergencies produced by illness or injuries. A very good sign.

How are the children doing in school? If we look at figure 5, we find that about 56 percent of adopted children are described as being in the lower half of their class, which is comparable to that for unmarried mothers and somewhat higher than the rate for both birth parents. But look at the situation for repeating a grade or being suspended. Adopted children are only half as likely to have repeated a grade, 16 percent versus 33 percent, for children of unmarried mothers, and only one third as likely to have been suspended or expelled from school, 6 percent versus 17 percent.

Now, a significant minority of adopted children do have psychological disorders of various sorts and that is shown in figure 6. About 36 percent have a developmental delay or learning disability or behavioral problem. About one out of four have a significant emotional or behavioral problem. But if we compare children who were adopted in infancy and those who were adopted later, which is shown in figure 7, we find that those who were adopted after the first year of life have a much higher risk for psychological problems.

Forty-two percent of those children have seen a psychologist or psychiatrist compared to 13 percent of children adopted in infancy. Similarly in the last year, 10 percent of children adopted in infancy needed psychological help compared to 23 percent of those who were adopted later in life.

What do I conclude from this about adoptive situations? I believe the data presented here show that the impact of adoption on children is overwhelmingly a positive one. The family situations of adopted children and their health and school performance compare favorably with those of children living with unmarried mothers and children living with grandparents.

Adoptive families provide supportive, nurturing environments for young people whose biological parents are unable to care for them properly. The effects of those positive family environments are evident in the health, development, and behavior of the young adoptees. The data also underline the importance of facilitating adoption early in a child's life, before neglect, abuse, or family turmoil leave scars that are slow to heal. Adoption cannot solve all of the problems that young people bring with them as a result of early experiences and temperamental characteristics, but it can make and has made a very important difference in a great many young lives.

I think that in the earlier testimony it was clear that we need to make a balance between adoption and preserving the rights of parents, but the balance needs to be tipped much more in favor of adoption and making that a rapid possibility. It is a very viable alternative.

On the other hand, adoptive parents who adopt children after infancy need to know what they are in for and we need to think of providing assistance. There was a study that was done by HHS suggesting that providing assistance in special-needs cases does reduce the waiting time for hard-to-place children. I will be happy to make that study which was conducted by Andrea Sedlak at Westat available to the committee.

Thank you.

[The study is being retained in the committee files.]

[The prepared statement and attachments follow:]

**Adopted Children In The United States:**
**A Profile Based On A National Survey of Child Health**

Nicholas Zill, Ph.D.
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*Director of Child and Family Studies*
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To help inform the discussion of federal policies with respect to adoption that is being undertaken by the Ways and Means Subcommittee on Human Resources, I have been asked to present some information about adopted children in the United States, about the living situations in which they typically find themselves, and about the health, achievement, and psychological well-being of the children themselves.

The data I present are drawn from a large federal survey conducted by the National Center for Health Statistics of the U.S. Department of Health and Human Services. This was the 1988 National Health Interview Survey on Child Health. The data were analyzed by Mary Jo Coiro of Child Trends, myself, and Barbara Bloom of the National Center for Health Statistics for a recent report entitled, Health of Our Nation's Children, that was published in the *Vital and Health Statistics* series (Series 10, No. 191) of the U.S. Public Health Service. The information presented here goes somewhat beyond the published report to include additional analyses on measures of children's academic performance. It also includes results from an earlier study I did using data on adopted and other children from the 1981 National Health Interview Survey on Child Health.

By adopted children, I mean young people who have been legally adopted by adults who are not biologically related to them. Thus, I am excluding children living with foster parents who have not adopted them and those who are being raised by grandparents, aunts or uncles, or other relatives. I am also excluding children living with one birth parent who have been legally adopted by a stepparent, as well as the small number who live in orphanages or other institutions. The data I present concern adopted children who are living in families. According to the national survey estimates, there were about 823,000 children living in adopted families in the United States as of 1988. These children represented 1.3 percent of all children aged 17 years and under in the country in that year.

I compare and contrast statistics on adopted children with parallel figures on children from three other groups:

1) children born to unmarried mothers who are being raised by those mothers in single-parent families;

2) children who live with one or two grandparents, but apart from both of their birth parents; and,

3) children who live with both of their birth parents.

Children born outside of marriage form the pool of children from which most adopted children are drawn. There may well be important differences between unmarried parents who give up their children for adoption and those who choose to raise them without benefit of marriage. Nevertheless, the circumstances of children living with unmarried mothers give some indication of what life might have been like for adopted children had they not been adopted.

Children who live apart from their birth parents but with one or two grandparents also form an interesting comparison group. These children are likely to have experienced some form of family disruption or hardship that caused them to live apart from both parents. But they have the presumed benefit of living with caregivers who are biologically related to them, albeit at one remove. Finally, children living with both birth parents who have been

continuously married to one another form the "normal" comparison group that, while still a majority, is becoming increasingly less commonplace in our society.

**Social and Economic Circumstances**

We often think of adopted children as unfortunate or disadvantaged because they have lost or been separated from their biological parents. But adopted children are actually privileged if we look at the typical social and economic characteristics of their adoptive families. Adoptive parents tend to be well above average in terms of education, income, family stability, and other characteristics that social scientists have found to correlate with favorable outcomes for children.

For example, the national survey data show that adopted children are twice as likely as non-adopted children to have parents who are college graduates, and only half as likely to have parents who have not completed high school. (It is the adoptive parents of the adopted children I am referring to here, not their biological parents). In one survey, more than half of all adopted children were in families that were in the upper third of the family income distribution, and only 7 percent of adopted children were in families that were in the bottom fifth of family incomes. Less than one percent of adopted children received Aid to Families with Dependent Children, whereas among white children born outside of marriage and raised by their biological mothers, 32 percent were receiving welfare.

There are several reasons why adoptive parents tend to be above average in family resources. Adults who decide to adopt are generally older than non-adoptive parents, and therefore further along in work experience and earning power. Adoptive families are more likely to be two-parent families, with the economic and personal resource advantages that come from having dual earners, dual housekeepers, and dual caregivers. Also, adoptive parents are a select group, both self-selected and screened by social agencies. Adults who lack resources and are having a difficult time getting by are less likely to want to adopt -- or be allowed to adopt -- than couples or individuals who are in more comfortable financial circumstances.

Perhaps as important as the educational and economic resources that adoptive parents command is the commitment to parenthood and child rearing they have demonstrated. Adults who adopt have chosen to be parents in a conscious, deliberate way that many adults who become biological parents have not. They have children by deliberate choice, not by whim, or accident, or in spite of their best efforts to prevent it.

**Quality of Their Home Environments**

Children are resilient and able to thrive in many different kinds of environments. But to maximize their chances of staying safe and healthy, we want them to have home environments that provide them the nourishment, shelter, and rest they need to grow and develop and that are free from obvious hazards. Three indicators of the quality of home environments that parents provide their children were available in the National Health Interview Survey on Child Health. One was whether the child had a regular and reasonable bedtime; the second, whether the child always wore a seatbelt or was in a child restraint when riding in a car; and the third, whether the child had to share the household with an adult who was a cigarette smoker. The homes that adopted children live in came out better than average on all three of these indicators.

Regular bedtime. In order to be well rested and stay alert in school and at play, children need to get sufficient sleep each night and stay on a daily schedule that is reasonably consistent and predictable. Children in adoptive families are more likely to adhere to such a routine than children in other types of families, especially children who live with unmarried mothers. Thirty percent of children raised by unmarried mothers were reported to have a bedtime that was irregular or unusually late for children of their age. The same was true of only 8 percent of children in adopted families. Among children living with both birth

parents and those living with grandparents, 16 percent had irregular or late bedtimes; so adopted children compared favorably with these groups as well.

Use of seatbelts. To help ensure their children's safety and survival, parents need to teach them to take precautions like looking both ways when crossing the street and always wearing seatbelts when riding in cars. Parents have to enforce these rules until they become automatic behaviors for their youngsters. In the National Health Interview Survey, 70 percent of all U.S. children were reported to usually wear seatbelts or be in child restraints while riding in cars. Adopted children did better than average on this indicator of safe behavior: all but 21 percent of them usually wore seatbelts. The percentage of children who rarely or never used seatbelts was twice as great among children raised by unmarried mothers -- 41 percent. It was also significantly larger among children living with grandparents (34 percent) and slightly larger among those living with both birth parents (26 percent).

Smoker in household. Having a parent who smokes is bad for a child's health in several ways. First, breathing the ambient smoke that cigarette users create is not good for a youngster's respiratory functioning, aggravating conditions like bronchitis and asthma. Second, having lit cigarettes and matches or cigarette lighters around the house increases the chances of a residential fire. Third, parents who smoke set a bad example for their children as far as modelling healthful behavior is concerned and increase the chances that the youngsters will become a smokers themselves when they reach adolescence or young adulthood.

It is hardly encouraging that 44 percent of all U.S. children live in households in which a parent or other adult is currently a smoker or has been a smoker during the past year. Among adopted children, this proportion is significantly lower, 32 percent, though still unacceptably high. A majority of children living with unmarried mothers -- 52 percent -- and of children living with grandparents -- 58 percent -- have adult smokers in their households. The proportion is lower for children who live with both biological parents, 39 percent, but slightly higher than the proportion for adopted children.

Because of the rapid social change that has occurred in adult smoking behavior, older adults are more likely than younger adults to be current or former smokers. As noted earlier, adoptive parents tend to be older than other parents. This may help explain why the percentage of adopted children who have a smoker in the household, though lower than average, is as high as it is.

**Access to Medical Care**

Given the higher education and income levels that adoptive parents tend to have, it is not surprising that they are able to obtain better-than-average medical care for their children. In addition, it appears that adoptive parents tend to be especially scrupulous about obtaining preventive care for their children and getting professional attention for any problem or potential problem, whether it be medical, educational, or developmental. Several indicators of access to care were available in the National Health Interview Survey. One was whether the child was covered under a health insurance plan, either private or public. Another was whether the child had had a dental visit in the last two years. A third was whether the child had a regular source of medical care and a particular doctor, nurse, or physician's assistant who usually saw the child when he or she was sick or injured. Adopted children did better than average on all three of these indicators.

Health insurance. Eight percent of children in adopted families had no form of health insurance coverage. This was significantly less than the 13 percent of children living with both birth parents who had no health insurance and only half the percentage who were uncovered among children raised by unmarried mothers (17 percent). Even more children who lived with grandparents had no insurance coverage -- 21 percent. This may be because many of the grandparents were retired and had no employer-furnished health insurance or other plan that provided coverage for their grandchildren.

Dental visits. In addition to helping insure that children have sound teeth, regular dental visits have been found to be a good indicator of preventive care in general. All but 10 percent of adopted children aged 3-17 had been to the dentist within the last two years. The proportion who had not received dental care was nearly twice as large among children who lived with both birth parents (18 percent) or with grandparents (19 percent), and was two-and-a-half times greater among children being raised by unmarried mothers (25 percent).

Regular pediatrician. Thirteen percent of adopted children had no particular doctor or physician's assistant who took care of them when they were sick or injured. This was about the same as the proportion among children who lived with both biological parents (15 percent). But it was only about half the proportion of children who were without a regular provider of sick care among youngsters living with unmarried mothers (33 percent) or with grandparents (29 percent).

**Health Status of the Children**

We have seen that adopted children are likely to have safe and healthful home environments and good access to medical care. Are these qualities of their environments matched by the health statuses of the children themselves? Parents in the National Health Interview Survey were asked to rate their children's general health on a five-category scale that ranged from excellent to fair or poor. They were also asked whether the child was limited in school attendance, school work, or play activities because of a health condition or impairment. Responses to these questions were combined to form an indicator of optimum child health (general health rated "excellent" and no limitation in activity) and an indicator of problematic health (general health rated "fair" or "poor" or some limitation in school work or play).

Other indications of how healthy different groups of children are were obtained from the mean number of days children in the group spent in bed during the last year due to illness or injury; the mean number of physician contacts they had during the last year; and the number of hospital visits during the last year per 100 children in the group (the rate per 100 children is used since hospitalizations tend to occur at a much lower rate than bed days or physician contacts). Adopted children came out relatively well on most, but not all of these indicators.

A 56-percent majority of adopted children were reported to be in optimal health; i.e., their general health was described as "excellent" and they had no health-related limitations in school work or play activities. This healthy majority was essentially as large as the proportion found to be in optimal health among children living with both birth parents. By contrast, only a minority of children living with unmarried mothers (41 percent) and children living with grandparents (39 percent) were reported to be in optimal health.

The picture was different with respect to the indicator of problematic health. Although only one adopted child in nine was said to be in fair or poor health or to have a health-related activity limitation, this proportion was the same as that found among children living with unmarried mothers (11 percent). Both proportions were nearly twice as large as the proportion in problematic health among children living with both birth parents (6 percent). Children living with grandparents (9 percent of whom were in problematic health) fell in between. However, they were not significantly different from adopted children on this indicator.

Frequency of illness and medical care utilization. Adopted children had about the same average number of days in bed per year due to illness or injury (3.8) as children living with both biological parents (3.9). Both groups spent one less day in bed, on average, than children living with unmarried mothers (who had an average of 4.8 bed days). Children living with grandparents were not significantly different (3.3 bed days). By contrast, adopted children had one more physician contact per year (5.4), on average, than children living with unmarried mothers (4.5) and nearly one more than children living with both biological parents (4.7). This probably reflects the greater access to medical care that adopted children

have and the readiness of adoptive parents to seek care. Children living with grandparents had fewer physician contacts (3.7), perhaps reflecting their less adequate access to care.

The most dramatic difference between adopted children and the comparison groups occurred with respect to episodes of hospital-based care. Adopted children had by far the lowest rate of hospital use (2.1 visits per 100 children per year), less than half as high as the rates for children living with both birth parents (4.5 visits per 100) or grandparents (5.0 per 100). The hospital use rate for adopted children was only one-quarter the rate found among children living with unmarried mothers; the latter group had an usually high rate of hospital visits (8.2 visits per 100 children per year). This high rate may partly reflect an inappropriate use of hospital emergency rooms and clinics to obtain sick care that would best be obtained elsewhere. But it probably also reflects a higher injury rate among these children and a greater need for emergency care for potentially life-threatening conditions such as asthma.

Thus, while adoptive families have good access to care and a propensity to contact physicians at a higher-than-average rate, their use of medical care seems appropriate and relatively cost-effective. They seem to be having success in heading off medical emergencies and the need for expensive hospital-based care for their children.

**Academic Performance of the Children**

How are adopted children doing in school? The National Health Interview Survey did not test children's achievement directly, but did collect reports from parents of school-aged children about their children's academic performance. Parents were asked to describe the child's standing relative to other students in the class, by rating the child on a five-category scale that ranged from "one of the best students in the class" down to "below the middle" and "near the bottom of the class." Parents also reported on whether their child had had to repeat a grade or had ever been suspended or expelled from school.

Standing in class. A 56-percent majority of adopted children aged 7-17 were described as being in or below the middle of their class. This was comparable to the 60 percent of children with unmarried mothers and the 59 percent of children living with grandparents who were also rated in the lower half of their class. It was significantly worse than the average rating received by children who lived with both birth parents, 38 percent of whom were ranked in the lower half of their class.

Repeating grades. A very different picture emerged with respect to grade repetition and suspension. On these indicators, adopted children did approximately as well as children living with both birth parents, and significantly better than children living with unmarried mothers or children living with grandparents. Thus, 16 percent of adopted children aged 7-17 had repeated a grade, less than half as large a proportion as the 33 percent of children living with unmarried mothers or the 31 percent of children living with grandparents who had had to repeat one or more grades. The proportion repeating among children living with both biological parents was 13 percent.

Being suspended. Among adopted children aged 7-17 years, 6 percent had ever been suspended or expelled. By comparison, among children living with unmarried mothers, nearly three times as many -- 17 percent -- had been suspended. Among children living with grandparents, the proportion suspended was nearly twice as great -- 11 percent -- as the adopted percentage. Among children living with both birth parents, 5 percent had been suspended.

What are we to make of these somewhat disparate indications as to adopted children's academic performance? One explanation is that the genetic pool from which adopted children are drawn is more similar to that from which children who live with unmarried mothers and children who live with grandparents are drawn than to that from which children who live with both biological parents are drawn. That is, the native intelligence of adopted children is more average than the relatively high socioeconomic status of their families would

imply. This accounts for their class standing ratings. On the other hand, the beneficial effects of having adoptive parents who are above average in education, income, and school involvement, and of going to relatively good schools, show up in the low rates of grade repetition and suspension that adopted children exhibit.

Another, somewhat different explanation is that adoptive parents are more objective and realistic in rating their children's standing in class than are parents who are biologically related to their offspring. Because the questions about grade repetition and suspension are more factual, they admit to less distortion by wishful thinking and, hence, reflect the true state of affairs more accurately. There may be some truth to both explanations, of course.

**Prevalence of Psychological Disorders**

Despite the fact that children living with adoptive parents were among those with the most favorable overall health status, resembling children living with two biological parents, they had a notably higher prevalence of reported psychological disorders than children with two biological parents. The disorders asked about in the survey included delays in growth or development, learning disabilities, and emotional or behavioral problems that lasted 3 or more months or required psychological treatment. Adoptive parents reported all three of these types of disorders in their children at above average rates.

More than one adopted child in four (27 percent) was reported to have had a significant emotional or behavioral problem, compared with one child in twelve (8 percent) among those who lived with both biological parents. Nearly one adopted child in six (16 percent) was said to have a learning disability, compared to one child in 16 (6 percent) among those with both biological parents. And one adopted child in 11 (9 percent) was reported to have had a significant delay in growth or development, compared to one child in 25 (4 percent) among children living with both biological parents. Combining across these three types of psychological disorder, more than one adopted child in three (36 percent) was reported to have had a developmental delay, learning disability, or emotional or behavioral problem (this was among those aged three or older). The comparable proportion for children living with both birth parents was less than half as large, 15 percent.

Children living with unmarried mothers and those living with grandparents fell in between adoptive children and those living with both biological parents. About one child in four among these two groups was reported to have had a developmental delay, learning disability, or a significant emotional or behavioral problem. Because parents in these groups tended to have lower education levels and were more apt to be from racial and ethnic minorities, the reported prevalence of psychological disorders in these groups should be treated with some caution. There is evidence of differential underreporting of these types of problems due to such factors as an unfamiliarity with the terms involved, an unwillingness to seek mental health services, or lack of access to health care professionals who would identify psychological disorders. These differences would be especially pronounced in comparison with adoptive parents, who, as noted earlier, have a propensity for use of professional health care services and would have extensive familiarity with clinical terms.

Possible reasons for the higher prevalence of psychological disorders among adopted children include genetic explanations, explanations that emphasize the willingness of adopted parents to obtain psychological help for problems that might not receive clinical attention in other families, and explanations that presume that there may be something about the adoptive parent-child relationship that, in at least some cases, leads to psychological problems. It is important to emphasize, however, that the majority of adopted children were reported not to have any of these psychological disorders. It is also important to describe the findings of a previous study of the mental health of adopted children that was done with data from an earlier national survey, the 1981 National Health Interview Survey on Child Health. That study found a marked contrast between the psychological well-being of adolescents who had been adopted in the first year of life and those who had been adopted after infancy.

**Adolescents Adopted In Infancy and Those Adopted Later**

Parents of children and adolescents in the 1981 national survey were asked whether their children had ever seen a psychologist or psychiatrist for an emotional or behavioral problem, and whether the youth had received such care in the last year. Even if they had not been treated, the parent was asked whether she felt that the young person needed to receive psychological help during the previous year. Among adolescents who had been adopted during the first year of life, 13 percent had seen a psychologist or psychiatrist at some point. Among adolescents adopted after infancy, however, the comparable figure was 42 percent. Among children living with unmarried mothers, 15 percent had received psychological counselling or treatment at some point, as had 5 percent of children living with both of their biological parents.

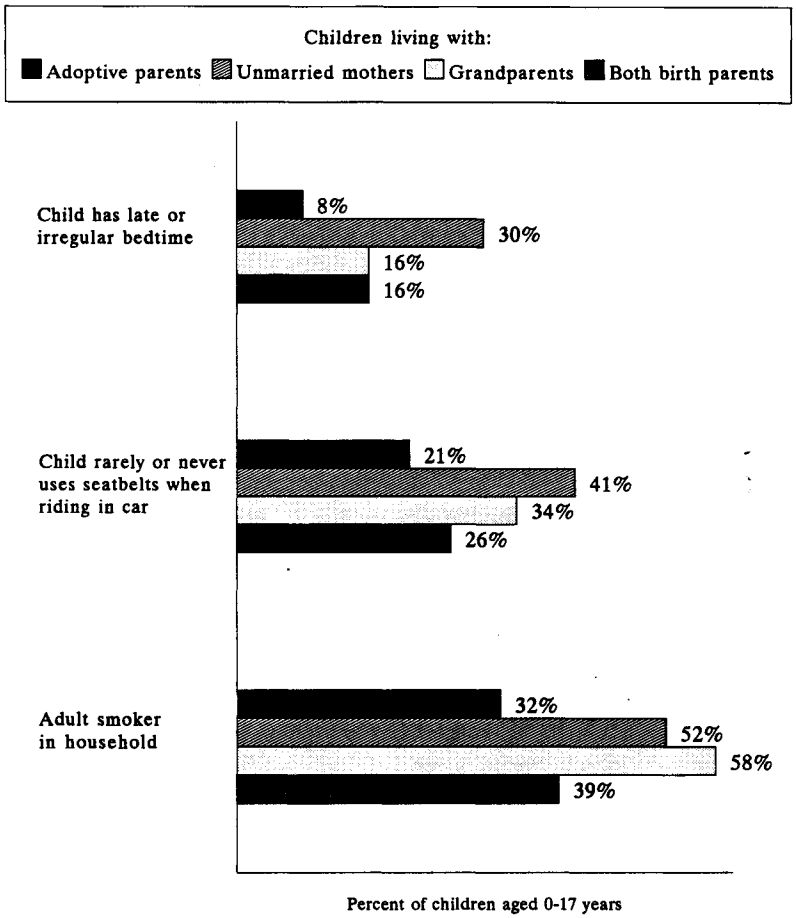
A similar pattern emerged with respect to psychological treatment needed or received in the previous year: 10 percent of adolescents adopted in infancy needed or received counselling during the year, compared with 23 percent of those adopted after infancy. Eleven percent of adolescents living with unmarried mothers had needed or received care, as did 5 percent of teens living with both of their biological parents. And when parents reported on the specific problem behaviors their teenagers were displaying, the teens adopted in infancy showed somewhat more problems, on average, than those living with both biological parents, but nowhere near as many as teens adopted after infancy nor teens who lived with unmarried mothers.

Thus, a large measure of the greater risk that adopted children exhibit with respect to psychological disorders derives from those whose family lives have been disrupted after infancy, and who may have experienced neglect, abuse, and other traumatic events prior to joining their adoptive families. The increased risk that children adopted in infancy display is quite modest by comparison.

**Implications of the Findings**

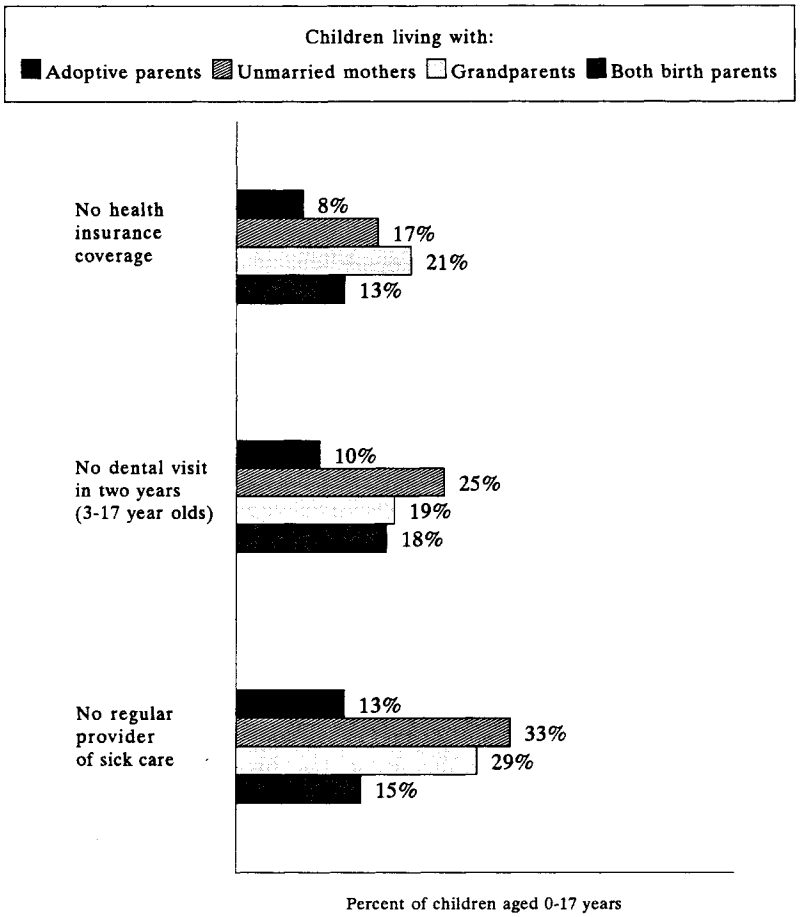
In conclusion, I believe that the data presented here show that the impact of adoption on children is overwhelmingly a positive one. The family situations of adopted children and their health and school performance compare favorably with those of children living with unmarried mothers and of children living with grandparents. Adoptive families provide supportive, nurturing environments for young people whose biological parents are unable to care for them properly. The effects of those positive family environments are evident in the health, development, and behavior of the young adoptees. The data also underline the importance of facilitating adoption early in a child's life, before neglect, abuse, or family turmoil leave emotional scars that are slow to heal. Adoption cannot solve all the problems that young people bring with them as a result of early experiences and temperamental characteristics, but it can make and has made a very positive difference in a great many young lives.

Figure 1: Adopted Children in the United States:
Quality of Their Home Environments



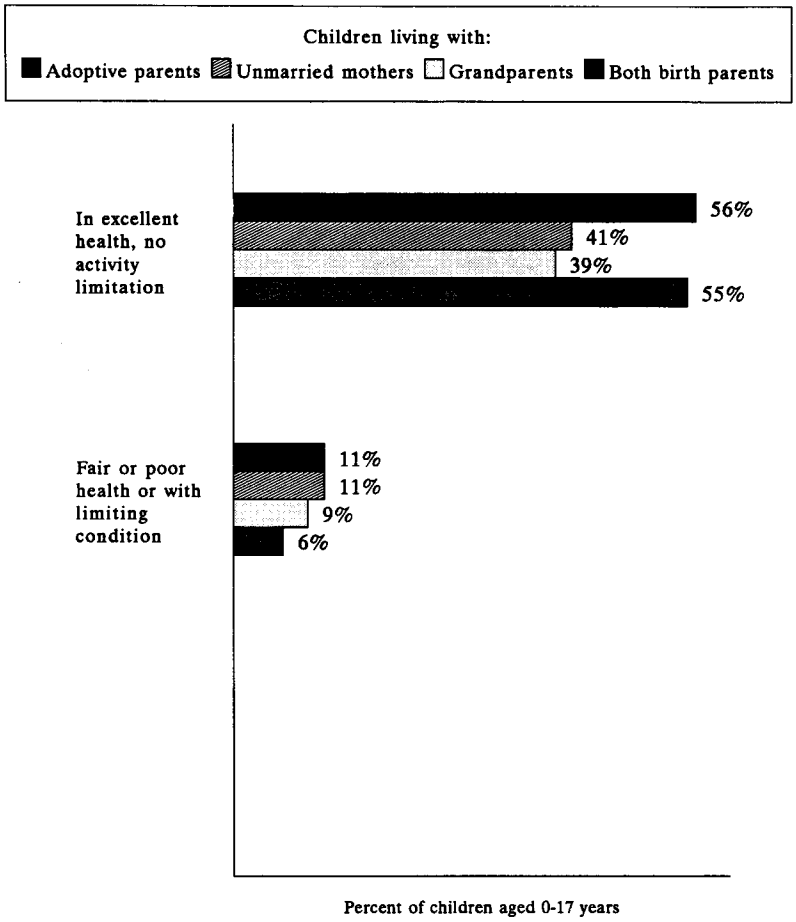

Source: Coiro, M.J., Zill, N., & Bloom, B. Health of Our Nation's Children (1994), and additional analysis of data from the 1988 National Health Interview Survey on Child Health.

Figure 2: Adopted Children in the United States:
Access to Medical Care



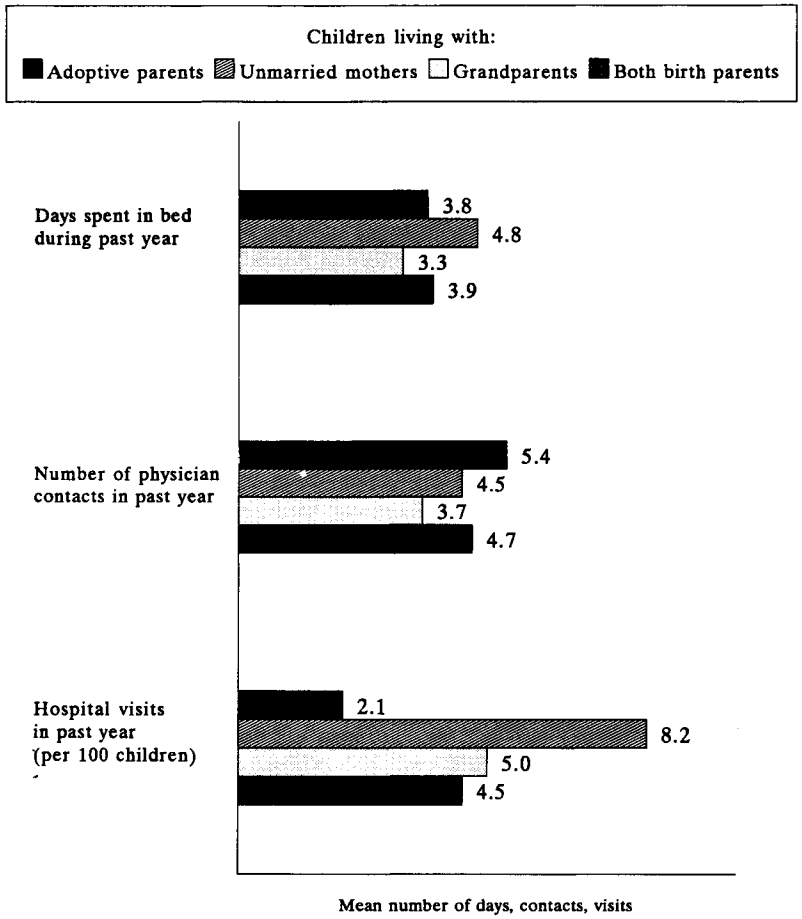

Source: Coiro, M.J., Zill, N., & Bloom, B. Health of Our Nation's Children (1994), and additional analysis of data from the 1988 National Health Interview Survey on Child Health.

Figure 3: Adopted Children in the United States:
State of Their Health



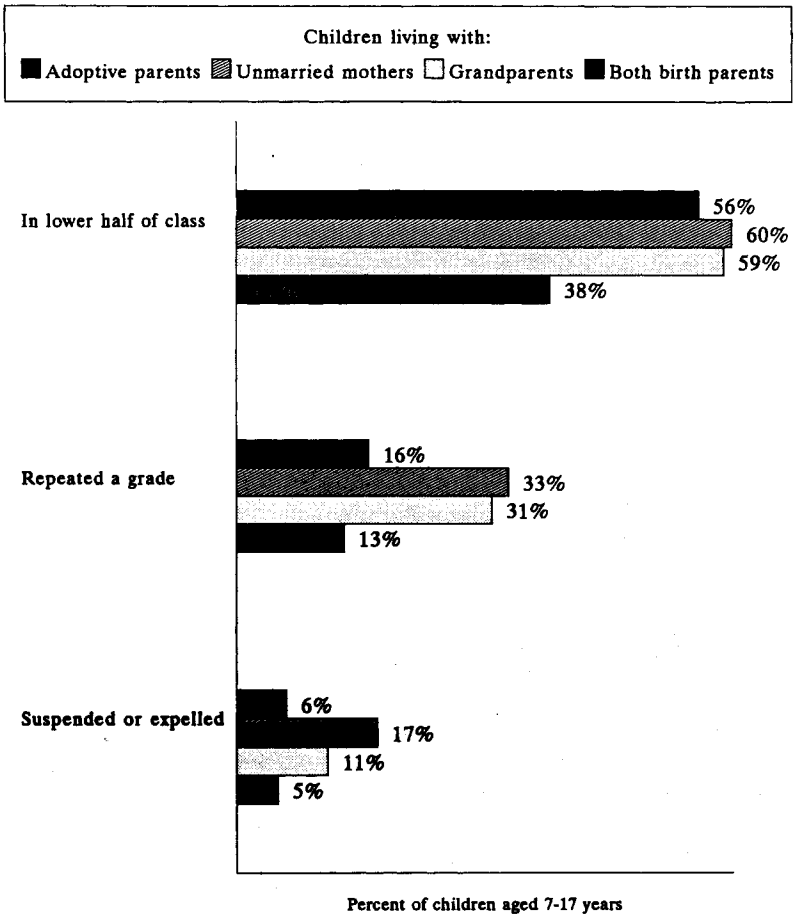

Source: Coiro, M.J., Zill, N., & Bloom, B. Health of Our Nation's Children (1994), and additional analysis of data from the 1988 National Health Interview Survey on Child Health.

Figure 4: Adopted Children in the United States:
Illness, Injury, and Medical Care Utilization



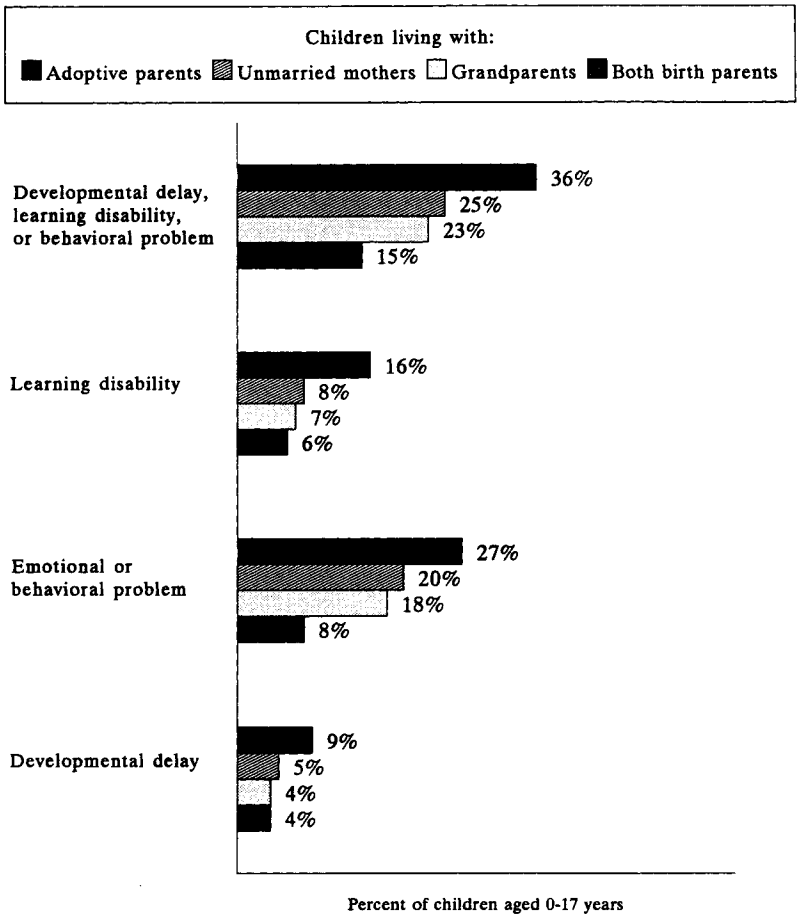

Source: Coiro, M.J., Zill, N., & Bloom, B. Health of Our Nation's Children (1994), and additional analysis of data from the 1988 National Health Interview Survey on Child Health.

Figure 5: Adopted Children in the United States:
How They Are Doing in School



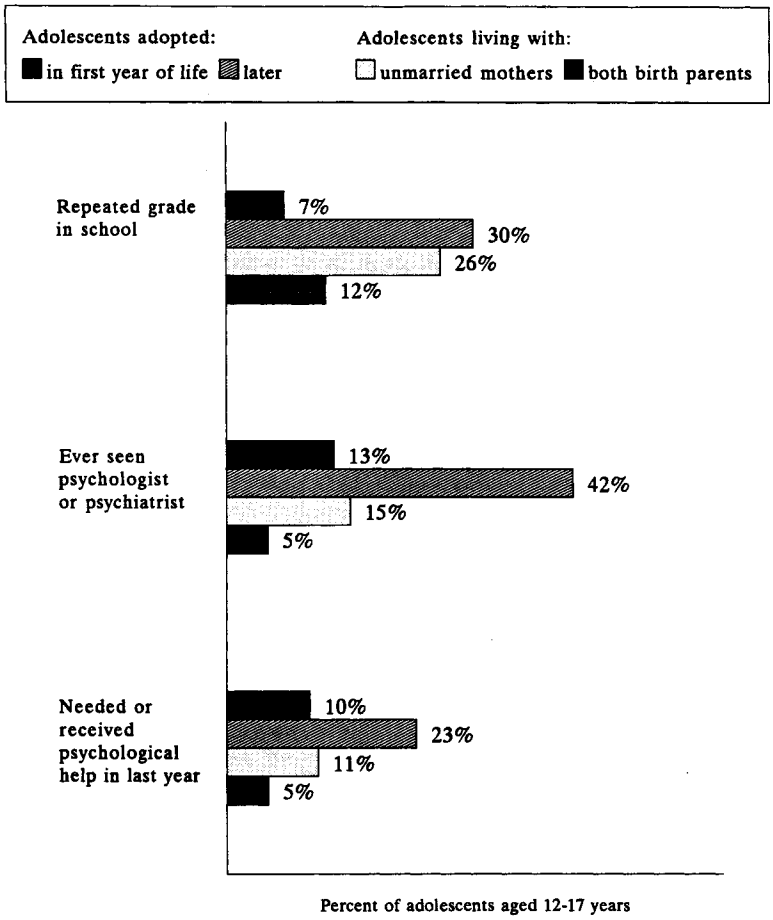

Source: Zill, N., & Coiro, M.J. Analysis of data from the 1988 National Health Interview Survey on Child Health

Figure 6: Adopted Children in the United States:
Psychological Disorders



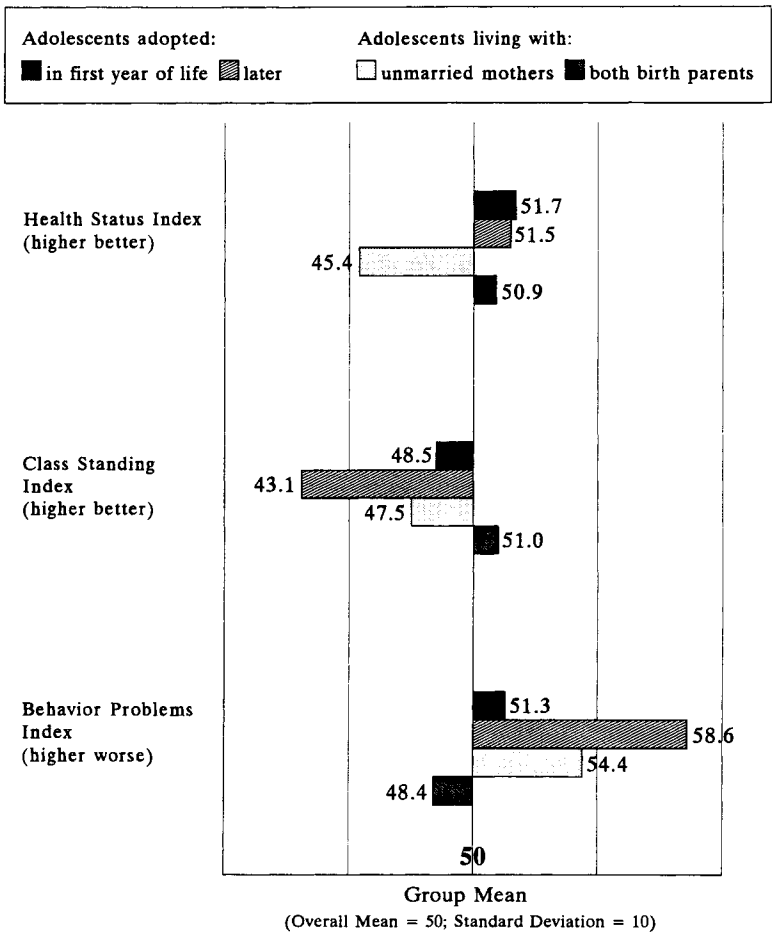

Source: Coiro, M.J., Zill, N., & Bloom, B. Health of Our Nation's Children (1994), and additional analysis of data from the 1988 National Health Interview Survey on Child Health.

Figure 7: Adolescents Adopted in Infancy and Later:
Grade Repetition and Psychological Help




Source: Zill, N. Analysis of data from the 1981 National Health Interview Survey on Child Health.

Figure 8: Adolescents Adopted in Infancy and Later:
Health, Achievement, and Behavior Problems Index Scores




Source: Zill, N. Analysis of data from the 1981 National Health Interview Survey on Child Health.

Table 1. Number of Children in Adopted Group and Comparison Groups, National Health Interview Survey on Child Health, United States, 1988

| Group | Number in National Sample | Estimated Number in Population | Estimated Percentage of All Children Aged 0-17 Years |
|---|---|---|---|
| All children | 17,110 | 63,569,000 | 100.0% |
| Adopted children | 273 | 823,000 | 1.3% |
| Children living with unmarried mothers | 1,431 | 4,982,000 | 7.8% |
| Children living with grandparents | 448 | 1,194,000 | 1.9% |
| Children living with both birth parents | 10,086 | 38,999,000 | 61.3% |

Chairman SHAW. Ms. Price.

**STATEMENT OF JEAN S. PRICE, VICE PRESIDENT, SOCIAL SERVICES, CHILDREN'S HOME SOCIETY OF FLORIDA, JACKSONVILLE, FLA.; AND CHAIRMAN, NATIONAL ADVISORY COMMITTEE ON ADOPTION, CHILD WELFARE LEAGUE OF AMERICA**

Ms. PRICE. Thank you, committee, for inviting us to come here today. I do want to say that the agency from which I come has been in existence for 93 years and during that period of time we have placed 28,000 children for adoption, so we feel we have some background and knowledge in what children need in the way of permanent families. I also want to say that I am representing the Child Welfare League which is this year experiencing its 75th year of advocacy for vulnerable children.

I want to repeat something that you have heard this morning and emphasize it in the time that has been allotted to me. I as a professional person, and I think many of our professional people who come with an agency background have a lot of concern when family preservation services and adoption services are looked at as incompatible. There needs to be available a continuum of services for children and their families to which they can access when they need a particular kind of service. The beginning point of the continuum can be family preservation services as presently provided. I recognize that in their current form family preservation services are in their infancy. However, the concept of family preservation is not a new concept.

Through family preservation services families who are on the brink of neglecting their children, abusing their children, not understanding how to parent but hopefully wanting to parent, can get help with their parenting skills from the professional staff who are providing the counseling and the supportive services.

And I agree that not all families are appropriate as referrals to family preservation services. Certainly the ones who have exhibited egregious behavior toward their children should not be considered nor accepted as referrals.

As professional staff work with these clients a relationship develops between parents, the child, and professional person. When this is a good relationship and the assessment shows that the family cannot parent their child the staff person is in a good position to help the parents think through what is the next best plan for their child.

And there may be numerous choices. It could be placement with relatives. It could be that foster care for a planned period of time is the best plan for this child. It could be that termination of parental rights on a voluntary basis, which is really the best way to terminate parental rights, is what would be best for this child.

And through this assessment process and the relationship between the professional person and the family, principally the parents, you can really move these families to make the best plan for their child. So I think that we need to remember that it is not an "either/or" situation. There is no one right way, I guess, to do anything as long as it is not illegal. I think we need to remember that there is no "one only" service. We need to have an array of services

and staff who can help people to select the service that is best for them and help them to obtain and use it.

Now, the other thing I want to move into is the whole area of adoption. I think we need to recognize, all of us, that there are really several kinds of children who are available for adoption. Some are the infants, the ones whose parents have voluntarily decided that for my child I want someone else to parent. There are thousands of couples and single persons in the United States who want to adopt infants.

But there is another group of children whom I think all of us in this room should have and do have a commitment to do something about. These are the children who for whatever reason are in the public foster care system and the children who are going to come into the foster care system. These are children who have been neglected, abused, abandoned. Some of them have been in foster care for 2 years. Some have been in foster care for 5 years. Hopefully, some have only been there for 3 months.

At the present time I understand that there are about 20,000 such children for whom parental rights have been terminated but in effect adoption plans have not been made. This number is expected to double, and with the influx of AIDS we can look forward, unfortunately, in the year 2000 of many, many more children who have had unfortunate living experiences, unfortunate childhoods, who will need permanent families through adoption.

Now, we all have a responsibility to let people know that these children are with us. And that above all they are real, live children. They are kids who really in their own way want parents, want someone who can psychologically relate to them, put limits on them, love them, care for them. They are not problem-free children, as we have heard from the other two presenters, because they have very mixed backgrounds and very mixed growing up experiences.

But this does not mean that parents who wish to adopt cannot meld well with children such as this. With professional help they can really bring this child into their family and provide the kind of care that he or she needs and above all enjoy the parenting experience. But that is a responsibility of all of us to let potential adoptive parents know that these children are there and, that with professional help and their own skill as parents, they can do an excellent job and expand their families.

Now, what are the barriers to this occurring? I am going to just touch quickly on two. One is a legal barrier. I am certainly not an attorney and not a legal expert in this particular area, but I do have to say that we need to do something to shore up our journal system so that we act more promptly, that we establish hearings on time, we make decisions on time. That when we have appeal hearings, that we insist they occur within the confines of the law, but punctually for the best interests of the child. And this is really a matter of us saying we care about children and children come first.

Agencies have a lot more to do. We have done some of our job but we have certainly not done all of it. We need to identify children early who cannot remain and should not remain with their own families. If this is the case, we need to move on an adoption plan quickly. We have to recruit families who can care for them.

We have to employ staff who can assess what these children need in the way of adoptive parents.

Staff need to understand their diverse cultural backgrounds. They have to understand their individual needs at whatever age in life they may be. And above all, these staff must have the training and experience to recognize the continuum of services that these children and their adoptive families will need after the adoption occurs.

I think the biggest barrier is in the area of finances. What do we mean when we say "special-needs child?" This is a child who has been in foster care an extensive period of time. He has suffered separation from family. He is likely to have medical, social, educational handicaps. He may have been sexually abused, physically abused. He may have developmental delays. The potential adoptive parents, single persons, single men, single women, or couples who are coming forth to adopt these children are persons who have had experience parenting themselves. Many of them are middle-aged persons who are truly committed to starting another family. They may be single persons who are interested in parenting an older age child. We should be grateful that these people are there for these children but we have to also recognize that the demands that are going to be put upon them require some financial assistance.

And this is where I want to speak about the value of the title IV–E foster care and adoption assistance program. This program has enabled adoptive parents to adopt children such as I have described, rear them to adulthood, help them to get the medical care they need, to get the counseling they need, to get the education they need, to learn how to enjoy life as youngsters and as adolescents, to learn how to relate to their siblings if there are siblings, and to relate to other children in their school.

These people are performing a great service for their children which takes a great deal of time and a great deal of commitment. Certainly the small amount of subsidies which we pay, which in some States run between $200 and $300 a month for a child, is not excessive. They are definitely very much needed so that these families can parent these children well.

Now, we are concerned that this committee and the House of Representatives has voted to put the IV–E program into the block grant program. We think that there are many programs that are appropriate in a block grant program but we feel that this is one that leaves too much discretion to a State to determine its priorities, which can be detrimental to adoption assistance.

This program has been effective. We have placed, since we had the Federal adoption assistance program, 91,000 children with special needs who are receiving adoption assistance funds. And Westat did a study a number of years ago, over a 5-year period 40,000 children had been placed and about $1.6 billion was saved in Federal expenses that would have been incurred for foster care costs.

We are fearful that the States will not maintain the current assistance program for those who have adopted children who are still minors. We are fearful of what a State is going to determine in the way of its assistance program from here on out. And one of the greatest—and I say fears—one of the greatest fears we have is that an adoption subsidy will not be attached to the child and the family

wherever they live. In this mobile society, people find that it is necessary for them to move from one State to another for employment for family reasons, whatever, and of course under the Federal assistance program, this grant goes with them.

It is not that we distrust the intent of States but we feel that when the financial pressures become great, we are not always sure that without the Federal mandate, children will get their share of what is needed for them.

I would only like to say in ending, and I know I am running overtime, that our board of directors met last week in Orlando and they adopted a resolution which I will read to you.

Resolved, that Congress should protect adoptive children and abused and neglected children and that this can be done by preserving the title IV–E foster care and adoption assistance program. Furthermore, the Children's Home Society of Florida believes that issues concerning services for children and their families should be considered and dealt with separately from general welfare reform issues.

I am also speaking, as I am sure you know, for the Child Welfare League of America as I make that statement.

In ending, I would like to say that we urge you to seriously give consideration to reinstatement of adoption assistance as it is presently administered and funded. These vulnerable children, and there are hundreds of thousands out there presently in the foster care system, need permanent homes through adoption and the Adoption Assistance program is a mighty tool to achieve this. These children are our responsibility and they are tomorrow's adults.

Thank you.

## TESTIMONY OF JEAN S. PRICE
## CHILD WELFARE LEAGUE OF AMERICA

Mr. Chairman and members of the Subcommittee, I am Jean Price, here today representing the Child Welfare League of America (CWLA) and my agency - The Children's Home Society of Florida, a non-profit children's agency. Presently, I am serving as Chairman of CWLA's National Advisory Committee on Adoption. At Children's Home Society, I am the Vice President of Social Services. I welcome this opportunity to discuss with this Subcommittee how to protect children and to assist the growing numbers of American children who need loving adoptive parents for a lifetime.

Both the CWLA and Children's Home Society enjoy a long history of protecting children. The CWLA is currently celebrating it's 75th year of advocacy for vulnerable children and their families. The Children's Home Society has been serving Florida's children for 93 years. Initially established in Jacksonville, Florida, my agency has expanded to serve the entire state. From an agency that protected children by providing congregate living for young children and adoption, we have developed into an agency with an array of services ranging from child abuse and neglect prevention services to foster care to permanency through adoption. Since our founding in 1902, we have placed 28,000 children for adoption, thus ensuring that they will have a caring family for their childhood and into their adult years. In the past year 280 children were adopted through Children's Home Society.

**Family Preservation Services to Adoption: Providing an Array of Service Options**

I am concerned that this Subcommittee is suggesting that family preservation services and adoption may be separate and incompatible approaches to serving children, and that, if we make appropriate efforts to strengthen and support a child's family, we are necessarily precluding the option of adoption of that child. Nothing could be further from the way it is. Family preservation services and adoption are not mutually exclusive; each is a vital and necessary part of the continuum of services available for children and their families.

During the course of our agency's history, and in fact during the history of protecting children, it has been recognized by professionals that there is no one "right way" to serve all children and their families. Each child is an individual, a part of a unique family constellation.

There are certain factors that are basic to **all** effective social services for children:

- The first responsibility is to attend to the child's **safety** and protection. For some children and families, family preservation services and family reunification services are **not** indicated and should not, in fact, be pursued. Other families—in effect as many as 80% of those who come to the attention of the child protection system— can be helped to gain the skills they need to live together or to come to another resolution that benefits the child.

- Whenever it can be done safely, it is important to strengthen family ties, keeping children connected to their family of origin. It is vital for all people, but especially for children, to be part of a family. Roots are important to children. "Where do I come from?" is a question that all children and youth ask. As a matter of fact, many troubled adults are still struggling with this question.

- Children need permanent living arrangements. They do not do well when they are moved from place to place with no sense of the past or the future. Children need legal protection as part of their own families, or through adoption.

Family preservation services, when used selectively and appropriately, enhances permanency for children in two ways:

- as families are strengthened through family preservation services, the likelihood that children can remain at home safely or return home safely is increased.

when working with families towards these goals, the family preservation worker learns a great deal about the family and its capacity to change. The worker is able to document progress or lack of progress and to pursue other outcomes for the child that becomes necessary. These options include recommending that the child be placed in out of home care, assisting the family in their decision to release the child for adoption, or preparing for a termination of parental rights legal proceeding.

When, in the process of working intensively with the family through family preservation and family reunification services, it is determined that staying together or reunifying the family is not in the child's best interest, the agency is far more prepared to demonstrate to the court that the parents are unable or unwilling to care for their children and to develop and implement a permanent plan for the child.

When it is determined that a child cannot be reared by his/her birth parents, adoption should be made available without further delay. In most states in the U.S., adoptions are done by licensed voluntary or public agencies, or by independent practitioners. Independent practitioners may include attorneys, physicians, social workers, and others with even fewer qualifications.

Voluntary adoption agencies and independent practitioners generally handle the majority of infant adoptions. The public agencies place most children with special needs into adoptive homes. Children with special needs include children of school age, children with brothers and sisters needing to be adopted together, children of color, and children with serious physical, emotional, or developmental needs.

- An estimated 20,000 abused, neglected, abandoned, or orphaned children with special needs are currently legally free and awaiting permanent and loving adoptive homes, with another 69,000 children likely to need adoption in the near future. As parents with AIDS die, there will be even more children needing permanent families through adoption.

States are the legal parents of these children, many of whom have been abused, neglected or abandoned by their families. These children need to be part of permanent families and it is our duty to help find them appropriate families that can best care for them.

- Seventy-two percent of the children awaiting adoptive placement in 1990 had one or more special needs: medical, developmental, behavioral or psychological. In Florida there are 500 children listed at any one time in the State Adoption Exchange. These are children for whom no family is available.

Families wishing to adopt children vary greatly, including childless couples, older parents who have already reared one or more children, two-parent working families, families from a wide range of cultures and ethnic groups, families of modest income, foster families, families who are wealthy, and families from all educational levels, all religious groups, and all parts of the country.

While there are thousands of couples waiting to adopt infants, the opposite is true of the thousands of children in foster care who are waiting for adoptive families. Far fewer families than needed have been recruited for the large numbers of children with special needs.

In order that there be a sufficient number of adoptive parents available for children with special needs who are in the public foster care system throughout this country, there must be more public recognition of the need that these children have for permanent families and that parents can, with professional help and the necessary resources, effectively parent them.

## CONFRONTING EXISTING BARRIERS TO ADOPTION

### Legal System Barriers to Adoption

Currently children wait, an average of two years and five months for termination of parental rights to be completed by the courts. This is not responsive to the needs of children. It is essential that courts find a way to give priority to children's cases when setting dockets, hearing cases, issuing decisions, scheduling and hearing appeals. The federal government can help by urging state courts to enact time standards that will ensure prompt handling of all children's cases.

### Agency Barriers to Adoption

If child welfare agencies are to eliminate agency barriers to adoption--so that children needing adoption can be adopted without delay--priority needs to be given to: identifying those children very likely to need adoption at the time they enter care and moving promptly toward adoption for these children; recruiting a diverse group of foster and adoptive families on an on-going basis to be available for children with special needs; ensuring that staff are hired who can respond to children's needs, including a range of cultural and language needs; and providing that all child welfare staff are trained in the full range of child welfare programs from family preservation to adoption. Continued national leadership and adequate financial resources are needed if we are to ensure that these barriers are removed in all agencies throughout the the country.

### Financial Barriers to Adoption

A major barrier to adoption of children with special needs is financial. These children need multiple services in order to adjust to family living and become part of the adoptive family. Let me give you some examples of children with special needs who have been placed in the State of Florida for adoption. These children have very special needs and very special families have been found for them. Federal adoption subsidies have played an essential role in making it possible for them to have permanency with adoptive families. As of the end of the last fiscal year, 7,001 children with special needs were receiving adoption subsidy from the State of Florida.

- There is a couple in their late 40's who have successfully reared six birth children of their own, all of whom are now adults. This couple was interested in starting a second family and their adult children were in agreement with this. They are now parenting four siblings who came into the public foster care system because of severe neglect and sexual abuse. The children range in age from 10 to 14. Several of the children are slow learners and are in special education classes. The parents receive a monthly subsidy between $200 to $300 for each child. These children had formerly resided in a group home where the costs for their care were several thousand dollars per month. Since the children have come to live with this couple they have begun to achieve in school, they are getting medical care which they so badly need through the Medicaid system; and several of them are in counseling. They are beginning to function as a family and are developing self-esteem and respect for each other. It is anticipated that this adoption will soon be finalized and that these children will have a permanent family.

- Another couple in Florida took into their family a 14-month-old male child. The child is African American, and the couple is white. The wife had formerly been married to an African American man, and the couple had already adopted a seriously drug-addicted baby, a child of her former sister-in-law. The 14-month-old placed with them has severe cerebral palsy; his future is very unsure; he is being seen by 10 doctors. He is now nearly two years old and is enjoying the security of a family who care for him and are committed to parent him. Without their care this child would have been no doubt a ward of the state and endured a lifetime of institutional living. Without the guarantee of a federal adoption subsidy, this family unit could never have been established.

- Another youth, aged 14, has a permanent family in the state of Florida. This youth and his siblings had been placed in out-of-home care in another state. This young man was in a group care program. When parental rights were legally terminated, his siblings were placed with their foster parents and the state department made every effort to locate a family for this lad. They were unsuccessful. Finally, through the use of an adoption exchange that accepts registrations from all over the country, the Florida family with whom he now lives was found for him. This young man had a history of sexual and physical abuse, was extremely overweight, and needed extensive dental work and eye care. He was mildly retarded and lacked all social skills. After two years with this family he has lost weight, and is doing better in school; children now invite him to play or go to recreational events with them rather than shunning him as in the past. The continuing services that this young man will need as he grows into adulthood could not be provided by this family without a guarantee of a federal adoption subsidy. If this subsidy had not been available, the placement of this young man from another state into Florida would in all likelihood not have occurred.

- There is another situation in which an older African American couple with grown children decided to start a second family. A sibling group of four African American children ranging in age from 8 to 14 was placed with them. Two of these children have on-going medical problems. Several are slow learners, and one of the children was sexually abused and is in counseling. They had had severe behavior problems, however, they are now adjusting well. As a result of this placement, the son of this couple and his wife also became interested in adoption and adopted two siblings with emotional problems. All of these children are enjoying the permanency of adoptive homes which would not have been possible without the guarantee of a federal adoption subsidy.

In many instances, the most suitable families for these children—ones who are committed to meeting their needs—are families of modest or low income who cannot afford to pay for the daily needs and often extensive medical services for these children without an assured subsidy.

One of the many benefits of the current Title IV-E Adoption Assistance subsidy is that it is available wherever the child and family reside. If it becomes part of a block grant, states will develop their own service priorities and there is no assurance that adoption assistance will be available across state lines.

It is for these children that it is essential to maintain the Title IV-E Foster Care and Adoption Assistance Program (Title IV-E of the Social Security Act) as it is presently funded and administered. There are some categorical programs that can be included in block grants, but adoption assistance for children with special needs is not one of those programs.

**Agency Board Resolution:** On May 5, 1995, the Board of Directors of Children's Home Society of Florida, at a meeting in Orlando, Florida, unanimously adopted the following resolution: RESOLVED that Congress should protect adoptive children and abused and neglected children and that this can be done by preserving the Title IV-E Foster Care and Adoption Assistance Program. Furthermore, the Children's Home Society of Florida believes that issues concerning services for children and their families should be considered and dealt with separately from general welfare reform issues.

**FEDERAL ROLE IN EXPEDITING ADOPTIONS**

CWLA and my agency appreciate that this Subcommittee is interested in adoption and family preservation and has arranged today's hearing. However, we have great concerns about the action taken by this Subcommittee and the U.S. House of Representatives in approving the Child Protection Block Grant as contained in Title II of H.R. 4, the Personal Responsibility Act of 1995. We consider the single, most important assurance that the federal government can provide for the majority of children awaiting adoptive families is to continue federal adoption subsidies and to keep federal protection for children in place.

**H.R. 4 ELIMINATES THE INDIVIDUAL GUARANTEES FOR FOSTER CARE AND ADOPTION ASSISTANCE**

If federal adoption subsidies are included in child protection block grants:

- **Each state would determine what portion, if any, of the block grant would be used for adoption subsidies.** Although the current legislation indicates that existing subsidy agreements should be honored, there is no assurance that every state would do so, or what other constraints such as means tests or reduced payments might be imposed on families. Also, very importantly, it does not address the children who would need subsidized adoption in the future.

- **Many children who need adoptive families would not be adopted.** Many children are listed on regional and national exchanges in order to find an adoptive family leading to adoptions across state lines. There would be no guarantee that a subsidy would follow a child out of state or continue until adulthood. States facing funding shortages might well be tempted to cut obligations wherever possible. Similarly, there would be no assurance of continuing medical coverage for children, often the most urgent need of adoptive families. Thirdly, if a family adopts a child in one state and then needs to follow a job out of state, they would risk losing all benefits.

  These factors, combined, will mean that many families who could offer a good family to a child will not be able to adopt and will result in a large number of children remaining in care instead of being adopted.

- **A number of children already adopted would be returned to care if the subsidy is reduced or eliminated.** Some families who have adopted children with extremely costly medical needs, or who have adopted several brothers and sisters traumatized by physical or sexual abuse, would have to return their children to public agency care. While they have the patience and love to parent these children, they simply would not have the financial resources without adoption assistance.

- **Subsidies save money- Costs to the taxpayer will increase dramatically because of the children remaining in care until adulthood.** Studies indicate that **adoption subsidies save money.** The adoption of 40,700 children with special needs was found to have saved the federal taxpayer **1.6 billion dollars** in future administrative costs (Westat, Inc. 1992). By keeping children unnecessarily in agency care, these costs and more would have to be absorbed by the taxpayers.

  Perhaps more important are the human costs. Without adoption, as young adults with no permanent family supports, many of these children and youth would experience unemployment and homelessness, and far fewer would make a successful transition to a productive adulthood and future parenting.

Congress enacted the Title IV-E Adoption Assistance Program in 1980 to remove financial barriers to adoption for children with special needs who were not able to be adopted without this assistance. This program works! Since 1980, the federal adoption assistance programs has enabled some 90,800 children with special needs to be adopted. This has also resulted in a great cost savings to the federal government from the savings in future foster care administrative costs that these children would have required.

I urge this Subcommittee, and the full House of Representatives to reconsider the decision about H.R. 4. In the House-Senate conference committee on H.R. 4, please reinstate the federal assurances to this country's most vulnerable children. Leave intact federal protections for abused and neglected children. Child protection does not belong, and should not be included, in any massive welfare reform effort. The federal government must continue its assistance to these vulnerable children in need of loving homes. These children are tomorrow's adults.

Chairman SHAW. Thank you, Ms. Price.
[The prepared statement follows:]
Dr. Bevan.

**STATEMENT OF CAROL STATUTO BEVAN, ED.D, VICE PRESIDENT, RESEARCH AND PUBLIC POLICY, NATIONAL COUNCIL FOR ADOPTION, WASHINGTON, D.C.**

Ms. BEVAN. Chairman Shaw, you know we have heard a lot this morning about the view that "there is only one way to go." And the view that we need to not just look at "only one way." Let me just tell you, we have been doing family preservation for years. We have not done adoption. We have been doing it "only one way" for years and we have left kids too long.

When you look at some of the numbers in my testimony that you haven't heard discussed this morning, one of them was that half of the kids come into foster care because of abuse and neglect. What you didn't hear was that of two-thirds of children in foster care in 1990, 66 percent went back home. Only 7 percent were adopted.

What you didn't hear was that in a study of "boarder babies" and kids who are what they call "medically fragile," kids who are left abandoned in hospitals, totalling 22,000, only 6 percent of them had adoption plans. So we have been doing it "only one way," all right, but it has been family preservation, it has been family reunification, it has not been adoption.

What is the prevailing ideology here? The prevailing ideology is the "mystique of the blood tie" that Dr. Solnit talked about. The "romanticizing of biology" that assumes that the only ties that bind are blood ties. As you have heard when you go back over the testimony, you will read the view of adoption as the last resort. Throughout this hearing, it has been the status quo at every turn. When you heard adoption, you heard it only after foster care, you heard it only after kinship care, after relative care, only after repeated reunification efforts, then adoption was considered.

It is this idea of blood ties, this ideology that keeps children in foster care for years while exhaustive efforts are made to fix the family. It is consistent with the ideology of more government, more money, more programs, would help keep children safe. It is consistent with the idea that all family forms are equally beneficial and effective in nurturing and raising healthy, productive children.

In fact, one of the important ideological effects of family preservation is an attempt to legitimate illegitize. I mean, you have not heard about two-parent families in the family preservation program. Statistically you are looking at very high rates of single-parent families. I mean, we have got to look at what is a family, what does a family do. What does the family look like that we are trying to preserve. You haven't heard that addressed and there is a reason for that.

The same principle that says when children must be removed from parents there is less trauma when the child is placed with a relative is based on the assumption that blood ties are more permanent and a better placement than any other ties. That is not necessarily the case.

Again, as Dr. Solnit has pointed out, the concept of psychological parenthood is critical. We have not been using the concept of psy-

chological parenthood to weigh this array of services that you have heard about. Only one standard should be paramount and that should be what will provide for the child's needs best, their nurturing and their stability, and the right to have someone crazy about them.

Adoption services, including the termination of parental rights, ought to be as aggressively and enthusiastically pursued as family reunification and family preservation. Clearly that has not been the case. There are many barriers to adoption.

The question was asked what are some of the barriers? My answer is the way the child welfare system is organized and financed. It is a critical barrier to adoption. As long as you have got a billion dollar family preservation program out on the street, you are not going to see adoption services. That is the bottom line.

The socialworkers are paid for and prepared to do family preservation because of the ideology. Adoption needs to be looked at and celebrated from all sectors of our society. Again, in my testimony I listed all the barriers, but let me just say one area that you haven't looked at. In the Washington Post over the weekend was an article by Charles Gershenson, who was with the U.S. Children's Bureau, who is not a Republican, who is not a Conservative, and who raised the question that the private sector has a very critical role to play in the delivery of child welfare services. Clearly, we need to increase contracting out. One of the questions he raised was, why not get rid of those who have failed the children and the community? Why, indeed, I would ask. I would like to submit that for the record

[The information referred to is being retained in the committee files.]

Ms. BEVAN. The State has a role. We need to expedite adoption tracks. We need to say absolutely after 12 months, if the families can't get their act together, then we have got to move on and have the child placed for adoption. In some instances, we cannot give the family a second chance to reabuse the child.

Again, the issue of putative fathers' rights is a very big issue. We need to develop State registries to take care of that so we don't have an issue of disrupting adoptive placement because a father did not get notice.

There is a Federal role. I am very disappointed having testified in February that the tax credit was not made a refundable tax credit. I think that is really critical for getting low-income families to not only adopt but to help agencies deal with getting some more revenue and being able to do more.

It is late in the day. But I will just say that we do need to develop a new paradigm that puts child welfare first and that recognizes that children who have been abused need a chance to love and be loved and that adoption offers many children that chance.

[The prepared statement follows:]

TESTIMONY OF CAROL "CASSIE" STATUTO BEVAN
NATIONAL COUNCIL FOR ADOPTION

Chairman Shaw and Members of the Subcommittee on Human Resources: Thank you for providing me the opportunity to testify before you today on the plight of children in foster care. My name is Carol "Cassie" Statuto Bevan, I am the Vice President for Research and Public Policy for the National Council For Adoption.

The National Council For Adoption was established in 1980. Today it represents 130 private, non-profit agencies across the United States as well as several thousand individual members -- those who have been adopted, people who have placed children for adoption, adoptive parents, and professionals who are concerned about children. We are a non-sectarian and non-partisan organization, with our headquarters here in Washington, D.C. and formal affiliates in Texas, Pennsylvania and New Jersey and informal state affiliates in many other locations. We rely solely on private money for support.

I have been with The National Council For Adoption (NCFA) since 1993, after leaving the House Select Committee on Children, Youth and Families. I was recently appointed by Congress to serve as a Commissioner on the U.S. Commission for Child and Family Welfare. I received my doctorate in child development at Columbia University and completed a post-doctoral fellowship at the Bush Program in Child Development and Social Policy at the University of Michigan. I came to Washington as a Congressional Science Fellow under the auspices of the American Association for the Advancement of Science and the Society for Research in Child Development.

My testimony will focus on several areas: (l) what the foster care population looks like including a close examination of the numbers of children in care, their length of stay, the reasons why they came into care and the plans ( if any) that have been made for them; (2) the prevailing ideology that defines best interests of the child as promoting blood ties over psychological bonds, parents' rights over children's needs, family preservation services over foster care placement, family reunification over adoption will be examined; (3) the barriers to adoption will be carefully studied. I will end my testimony with specific recommendations.

**The Foster Care Population**

The only source of comprehensive data on the foster care population comes from The Voluntary Cooperative Information System (VCIS) published by The American Public Welfare Association in 1993. These data are based on FY 82 through FY 90 reports from public child welfare agencies across the country. (Tatara, 1993a) VCIS has published some later statistics and I will cite them where available, all of theses statistics come directly from the 1993 APWA publication.

In 1992, there were 659,000 children in out-of-home care. On any given day there were almost a half a million children in substitute care, about 421,000. The foster care population in the United States rose by almost 50% from FY 86 to FY 90 ( Tatara, 1993b).

In FY 90, the majority of children in out-of-home care were young children, between the ages of 1 and 12, with the percentage of infants who entered care increasing to 16.1 % from FY 82. The median age of children in foster care has dropped from about 10 years of age in FY 82 to only 7 years of age in FY 90.

Of the children in foster care at the end of FY 90, over one-third (39.3%) of the children were white, 40.4% were black, 11.8% Hispanic and 4.3% were from other racial/ethnic groups.

The length of stay in foster care at the end of FY 90 ranged from one year (or less) at 32.6% , between 1 and 2 years at 23.9%, between 2 and 5 years at 32.7%, with about 10% spending 5 years or more in care.

An overwhelming number of children, over one half, entered foster care in FY 90 because of abuse or neglect. Another 20% enter care because of some condition of the parent such as illness.

Two-thirds of children who left foster care (66.6%) in FY 90 were either reunited with their families or placed with a parent or relative. Only 7.7% were adopted.

The VCIS data (based on 17 States) show that 15% of the children who had family reunification plans, reentered the system in FY 90. However, the data for children reunited with their families in New York State show a reentry rate of 22% for the same year ( Wulzny, 1991). A 33% reentry rate for families reunited in Illinois was reported in 1990 (Goerge, 1990).

According to a study by the U.S. Department of Health and Human Services, (U.S. DHHS, 1993) there were 22,000 babies who were either left in the hospital despite being medically approved for discharge or who were unlikely to go home with their parents once discharged. The overwhelming majority of these babies were drug exposed. Despite being abandoned in the hospital and abused in utero by drug exposure only six percent were expected to go into adoptive placement.

Children can remain in foster care as long as 4.5 years before an agency or a court specifies adoption as a permanent plan. Children can spend an average of 2 to 3.5 years in foster care before the determination is made that adoption is the best option for them (Kusserow, 1991).

In sum, the child welfare system takes in children who are abused and neglected by their parents and then, in overwhelming numbers, returns the children to the same families. Even infants who are abandoned by their biological parents in the hospital are not referred for adoption services but are placed in foster care. In New York City, 60 percent of the babies discharged from hospitals to foster care were still in foster care three years later. Some children can wait over four years for the system to decide that adoption is the best plan.

**The Prevailing Ideology**

What is the prevailing ideology behind these tragic numbers? The prevailing ideology "romanticizes biology" by assuming that blood ties are the only ties that bind. This view allows a child to be taken away from loving foster or adoptive parents whom the child considers psychological parents to satisfy blood ties. Parental commitment, love, time, and attachment are subordinated to blood lines. Parents' rights to children as chattel are supported over the child's needs as a child to be loved and to form and maintain a critical attachment. Services to preserve the "biological family", in whatever form that family takes, are made paramount over providing the "child" with services, including foster care and/or adoption, to meet his needs for nurturance, safety and security. Family reunification is viewed as almost always in the child's best interest despite the fact that data on child fatalities shows that 30 to 50% of the children killed by parents or caretakers were killed despite being known to child welfare officials as children at severe risk (Gelles, 1994).

The ideology that keeps children in foster care for years while exhaustive efforts are made to "fix" the family is consistent with the ideology that says more government, more money and more programs would help keep more

children safe. It is consistent with the belief that all family forms are equally effective in nurturing and raising healthy, productive children. In fact, it has been suggested that "one important ideological effect of family preservation is to legitimate illegitimacy" (MacDonald, 1994, p. 58). This suggestion acknowledges the high rates (as high as 85% in one program) of single parent families enrolled in family preservation programs. Family preservation services to functional families who have demonstrated competence and commitment in raising their children but who are currently experiencing a crisis, have proven to be highly effective at helping the family get on their feet again. However, "family preservation" has become the prevailing ideology of the child welfare system. Too often assessments of individual families to determine whether a family has enough strength to build on or even to determine whether any family exists for a child are not done as the "one-size-fits-all" treatment of family preservation is prescribed.

Similarly, the principle that says when children must be removed from parents there is less trauma when the child is placed with a relative or someone he knows is a sound one in acknowledging the child's needs for continuity and the importance these attachments hold for the child. However, the child welfare system has distorted this principle and instead of using it to protect established relationships that are critical to the child's growing sense of self, has sought to promote policies of "kinship care". These policies may place a child with a blood relative, whether the child knows the relative or not. Moreover, the assumption is made that because blood ties exist, these placements are superior over any others.

The importance of maintaining blood ties is one of the factors underlying the increasing reliance on kinship care and is consistent with family preservation ideology. The percentage of children placed in kinship care increased to a staggering 31% in 1990 ( compared to 18% in 1986) according to a national survey ( Kusserow, 1992). While very little is known about the effects of kinship care on child outcomes, what is known is that placement in kinship care means longer stays in foster care and decreases the chances of adoption. Considerable speculation exists among child welfare experts about "the quality of the kinship homes since in many instances these caregivers are the very families that helped to create troubled parents" (Goerge, et. al., 1994, p. 539). Despite the concern, kinship care has become in the words of one New York City Family Court Judge, a "bizarre big business" ( Sheindlin, 1994).

The fact is that most public social service agencies seem only capable of doing one thing at a time. This is due, in part, to the fact that money drives the system and determines the policy direction. For example, with one billion dollars pumped into the child welfare system to provide for family preservation services, child welfare agencies will tend to do family preservation over any other service. This leads to the subordination of case work based on an assessment of an individual child's needs in favor of providing the " one- size- fits- all" family preservation service. When this happens, children too often lose.

The other reason why public social service agencies seem capable of doing only one thing at a time is the fact that workers are responding to the "cure du jour" as promoted by the current wave of research and public attention. Securing family ties through family reunification or family maintenance, regardless of how the family functions, what it provides to the child or how successful it is likely to be in terms of changing, is what the majority of workers are told is best for the child. Adoption is viewed not only as the service of last resort but as a failure on the part of, not only the biological family, but of the worker.

The child welfare system should weigh each service option - adoption as well as family reunification - making only one standard paramount: the service

that will best provide for the child's needs for continuity, nurturance, stability and the right to have "someone crazy about them". Given the fact that half of the children who come into care are maltreated, does it surprise anyone that two-thirds are returned to these same families and there is an estimated reentry rate back into the system as high as 33%? Does anyone really believe that 66% of the maltreating families change sufficiently to put them in charge of nurturing and protecting their children? The fact that only 7% of the children are adopted out of foster care speaks volumes about how adoption is viewed by the child welfare system. Adoption services, including the termination of parental rights, ought to be as aggressively and enthusiastically pursued as family maintenance and family reunification services are, but clearly adoption services are not promoted. Let us turn now to the barriers to providing adoption services.

**Barriers to Adoption**

Adoption needs to be acknowledged as a positive, life affirming choice for parents who can not or do not want to parent, as well as for those parents who do. The positive outcomes for children who are adopted ought to be celebrated and recognition given that adoption is a legitimate, family - building activity. This recognition ought to come from all sectors of our society through our public laws ( subsidies, tax credits), private corporations (employee benefits, insurance coverage), religious organizations (maternity home services, adoption services) and the intellectual community (research that shows the positive outcomes for children, birthmothers and adoptive families must be conducted and published). In particular, the child protection system should recognize adoption as a remedy that can support the best interests of many children. Financial, social, and legal barriers to adoption should be removed to allow more children to receive the benefits of adoption.

The child welfare system as it is currently funded and organized is itself a barrier to providing needy children loving homes through adoption. Family preservation services as well as family reunification efforts must be recognized as limited interventions that are sometimes but not always effective at protecting children. Without this recognition, these services will not only put some children at further risk of re-abuse but will stand as a barrier to providing the child with adoption into a safe, loving and stable family.

The child welfare system has been characterized as trying to do"too much, too soon, too little, too late". The same case workers who are charged with the tasks of preserving and reuniting families are also charged with the task of protecting the children in the system and with making plans consistent with their needs. These often conflicting responsibilities lead many workers to feel the strain of investigating child abuse reports, providing rehabilitative services to the families, preparing cases for termination of parental rights and recruiting and preparing adoptive families. This overload leads workers to put aside the burdensome task of documenting a case for termination of parental rights in favor of investigating a child abuse report.

Another barrier to adoption is how to handle the legal rights of putative fathers (men who have not been determined legally to be the father of a child but are reputed to be) when they are not involved. The issue here is how to appropriately balance the rights of the putative father with the rights and needs of both the birthmother and the child. "In cases where the father is unknown or cannot be found, the varying state laws often create extreme burdens on the woman who is pregnant, the child and the adoption agency or intermediary by delaying an adoption until proper notice can be served, by creating a legal risk in an adoptive placement which inhibits the bonding

relationship between child and adoptive parents, or by interfering with the woman's right to privacy and confidentiality" (Style, 1995).

Considerable attention has been given recently to race-matching policies that act as a barrier to adoption. Children of color wait twice as long (in some jurisdictions four times as long) as white children for adoptive homes simply because of the color of their skin. Moreover, while both white and black children enter foster care at about the same rate, black children do not exit at the same rate as white children In fact, findings of an analysis of foster care data from FY 84 to FY 90 from 12 states show that "the foster care exit rates among minority children were substantially lower than the rates among white children...the exit rates of black children consistently lagged far behind the rates of white children" (Tatara, 1994, p. 17). Dr. Tatara noted in his conclusion that "if current trends continue, minority children will become the clear majority in the nation's foster care population in the next few years" (Ibid.).

Children with adoption plans still wait in foster care as long as 3 to 5 years (Kusserow, 1992). Since states do not uniformly track delays in the implementation of the adoption plan, precise data is unavailable. In fact, the lack of data in general in child welfare is a real barrier to adoption because one can not know for certain what is happening to children when the states don't keep or don't report accurate numbers. What we do know is that implementing adoption plans takes longer than implementing other types of service plans. In part, this delay has to do with the documentation that is required to free children from the legal ties to their parents through termination of parental rights proceedings. However, the delays seem to come from not the lack of state statutes but from the administrative barriers to document that "reasonable efforts to reunite families " have been made (Ibid.).

Many barriers to adoption come from the legal and judicial system. The question of whether a child is considered "adoptable" is raised several times and in part determines if the child will be made available for adoption. Case documentation, issues related to judicial decisions about the potential for winning the case, judicial biases, crowded court dockets have all been cited as increasing whether or when the child will be freed ( Ibid.).

**Recommendations**

**The Private Sector**

The private sector has an important role. Not only through enhancing employees benefits to cover adoption expenses, provide parental leave and nondiscriminatory insurance policies, but in terms of the delivery of child welfare services, through contracting out and indeed through the privatization of the foster care system in its entirety. As child welfare service delivery and policy moves to the states, the role of the non-profit private sector should not be overlooked. One former federal official of the U.S. Children's Bureau writing in the Washington Post just a few days ago stated in reference to the District of Columbia's foster care system that privatization of the entire system "would be a start toward changing the District's motivation and capacity to serve its families and children ( Gershenson, 1995). "Why not get rid of those who have failed the children and the community?", he asked. Why, indeed. We believe that privatization of services needs to be considered and implemented on a system-wide, state-wide basis.

**The State Role**

It is time to acknowledge in our laws, and legal and social services systems that parenting is not an absolute right, but carries with it corresponding duties and responsibilities to children and to society, and when parents abuse, neglect or abandon their children, these parental rights may be lost.

Protecting children in the foster care system entails promoting policies that are consistent with basic child development principles, including the child's need to grow up in a stable, loving family whether biological or adoptive Early and expeditious placement decisions contribute to an increased likelihood that a child will find the stability and permanence the child needs: thus, expedited tracks for the adoption of some children need to be established. In a 1991 report by the Office of the Inspector General at the Department of Health and Human Services , it was noted that 17 states, at the time of the report, had created expedited tracks for freeing children from families where the provision of reunification services was clearly inappropriate (Kusserow, 1991).

In addition, termination of parental rights decisions need to be made earlier - especially for those children removed from their parents for serious and substantiated child abuse. Parents whose children are placed in the foster care system because of serious abuse should have an absolute maximum of 12 months to get rehabilitated and to reclaim their children. In some instances of abuse, the child should not be exposed to the risk involved in giving the family a "second chance". Children should not suffer from their parents lack of personal responsibility or inability to care for themselves or the children in their care. A dispositional hearing must take place no later than 12 months after a child has entered foster care.

Within 30 days after the termination of parental rights proceedings state agencies should place a child who is freed for adoption. After 30 days the state should be required to inform private adoption agencies of the availability of the child for adoption.

States should pass legislation to give foster parents limited standing to bring cases to court to promote and protect the best interests of children in their care.

States should pass legislation that prohibits the removal of a child who is eligible for adoption from foster parents who are willing to adopt. The priority should be given to ensure that the child's developmental needs for continuity of care are respected and that psychological bonds that are formed with the foster parents be protected.

States should require that public social service agencies operate under the same set of licensing and regulatory rules that are currently imposed on private adoption agencies. This would upgrade the quality of the child welfare delivery system.

To reduce the number of children who become lost in the system and trapped in the limbo of foster care and to increase the numbers of children who find homes through adoption, we recommend the creation of specialized "severance units" or termination of parental rights units. These units are composed of staff with particular expertise and experience in the court process. This specialization will decrease the role confusion too often felt by social workers who have conflicting responsibilities. The purpose of the units is to insure adherence to legally sufficient procedures and documentation before the State files a termination of parental rights petition. Arizona and Oregon child welfare agencies have established "severance units" to prepare cases for legal action (Ibid.).

To address the issue of ensuring the putative father's legal rights while being mindful of the rights of the mother to make an adoption plan and the child to find a permanent home as early as possible, we recommend that states establish putative father registries. "The purpose of a putative father registry is to provide states with a method to ensure the timely finalization of an adoption that an unmarried mother desires while at the same time providing the unwed father who is not the legal father a way in which to establish interest in the child and to receive notice of any adoption or custody proceeding concerning the child" (Erickson, 1995). To the best of our knowledge, putative father registries now exist in 20 states. Without the establishment of such putative father registries adoptions may be held up, delayed for years or not take place at all (Ibid.).

**The Federal Role**

To overcome the financial barriers to adoption and to increase the availability of adoption services, we support the provision of a refundable tax credit of $5,000 for expenses incurred in adopting a child. While the House Ways and Means passed a non-refundable tax credit , what the National Council For Adoption sees as the better policy is the one advocated by Sen. Richard Shelby.(R-AL) The refundability of the tax credit is important for several reasons, as cited in the April edition of the National Adoption Reports : " (1) low-income people benefit more from a credit; (2) with some potential income from this new group of clients, agencies could serve more birthparents considering adoption; (3) if adoption-friendly agencies work with more birthparents considering adoption, more adoptions will take place and fewer children will end up spending years in expensive, often harmful public foster care"(Pierce, 1995).

To end discrimination in the child welfare system, we hope the language passed by this Subcommittee which would not allow race to be used to delay or deny the placement of a child in a foster or adoptive home will become the law of the land. Specifically, we hope the legislation introduced by Sen. John McCain (R-AZ) as a companion bill ought to pass the Senate and send a clear message to the states that placement delays will not be tolerated.

The At-Birth Abandoned Babies Act sponsored by Rep. Harris Fawell (R-Il) should be passed. This bill would allow babies abandoned at birth to be placed in pre-adoptive homes within 10 days, and the termination of parental rights proceedings instituted within 30 days. The legislation gives the pre-adoptive parent or the child's attorney the authority, in addition to state or private agencies, to petition the court for termination of parental rights proceedings.

Congress should revisit and clarify its intent regarding the Indian Child Welfare Act. While protecting the unnecessary breakup of Indian families, the Act should not allow any Indian tribes to extend its jurisdiction over children who are not living on Indian reservations or allow any Indian tribes to arbitrarily declare people of attenuated Indian ancestry tribal members. The bill introduced by Rep. Deborah Pryce (R-OH) is a step in the right direction and should be given careful consideration by Congress.

Congress should pass the Omnibus Adoption Act introduced by Rep. Chris Smith (R-NJ) which would provide for a means tested $5,000 refundable adoption tax credit, establish health certificates for eligible pregnant women to be used to cover expenses incurred in receiving services at a maternity home or other supervised setting. It also establishes a grant program at the Department of Housing and Urban Development for eligible nonprofit entities to rehabilitate existing structures for use as facilities to provide housing and services to pregnant women.

Congress should pass legislation soon to be introduced by Rep. Joseph Kennedy (D-MA) that would exclude adoption assistance employee benefits from taxable income; exclude the reimbursement program for military personnel as it pertains to adoption assistance benefits from taxable income; and add non- recurring adoption expenses to the list of items for which withdrawals from IRAs (individual retirement accounts) can be made without being taxed or penalized.

In conclusion, we need to develop a new paradigm in child welfare that puts children's needs for nurturance, protection and permanence first. A paradigm that recognizes that children's needs are best met by loving and stable families be they biological or adoptive. A paradigm that defines a family not simply by biology but by how well it serves the needs of the children. A paradigm that provides children who have been maltreated with what they need most -- the chance to love and be loved. Adoption offers many children that chance.

[Attachment retained in Committee files]

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Chairman SHAW. Thank you very much and I think you have given a very good introduction.

Now to Judge Maddux.

**STATEMENT OF HON. WILLIAM D. MADDUX, SUPERVISING JUDGE, PRETRIAL MEDIATION, COOK COUNTY CIRCUIT COURT, CHICAGO, ILL.**

Judge MADDUX. I am going to be very brief because the pros and cons, ins and outs of adoption as a forum for the benefit or nonbenefit or whatever for the child really is not my area of expertise. I want to respond only to the question, what can the courts do to expedite the adoption where it is appropriate.

All too frequently, we get criticized for being the stumbling blocks and the ones who stand in the place of something that people seem to believe needs to be done; in this case, adoption. I am here to suggest that one of the principal reasons, if it is a fact, that adoptions are slow to take place in courts I think is because the judges are handicapped and hamstrung as opposed to not doing what they could or should do.

The law places handcuffs on the courts. The law says that, for example, in the area of the overall policy which must be followed in the institution of services, when a child is brought into custody as a result of abuse, neglect, or whatever, the grant of funds from the Federal Government carries with it to the States the requirement that the States exercise reasonable efforts to reunify the family, that is, to preserve the family. That policy is handed down through the bureaucratic organization which administers the funds and does these things in the States.

In Illinois, for example, the DCFS slavishly follow that policy of reunification of the family. Family first, even in the case when it is obvious that the family will never be reunified, even in those cases they go through the routine of instituting services to see if the family can be put together.

Human nature being what it is, and even though there is a requirement that within 1½ years some final solution be made in that period of time, as I say human nature being what it is, they are also willing to give people a second chance, a third chance, or a fourth chance.

In the case where you have got the mom who neglects her child, a single parent and she is on drugs, and she fails in two or three drug rehabilitation programs, so long as she continues to state that she wants her child, she wants to shape her life up, and she wants to get off of the drugs, people are all too willing to let her do that and time does go by. It may well be that enough time goes by that a child who is adoptable becomes unadoptable. All these things do in fact occur.

My suggestion is that rather than hamstringing the judges with some artificial requirements, another being, for example, that it takes 1½ years, roughly, under the statutes to get to a place where you call it a permanent plan, that is what is permanently going to be done with the child. Have you really tried these services, have they worked, and are you ready to let the child go off to something else? That generally takes about 1½ years.

But more importantly, some statutes are very restrictive, such as Illinois. A judge cannot order, is powerless to do and is prohibited by law from formulating the plan. It rather can only react to the plan that is initiated by the DCFS. If they do not agree with that plan, if they say the child should return home and it is obvious that the child should not return home and should be sent to termination of parental rights, you can only remand that back for further consideration. So another 6 months will go by and they will come back with another plan.

Theoretically, this could go on forever. Since you cannot order a plan, they may not come back with a plan. And in any event, all the requirements, some of those requirements such as a formulation of a plan are artificial. It should be the judge's determination to determine this child is never going to be reunified with the family and should be sent for adoption or some other alternative placement which is more permanent.

In short, I guess what I am arguing for is not the placement of any further handicaps, shackles on the judges, but give them a little more freedom to do the things that should be done. And I think one of the natural things that would be done would be, in an appropriate case, earlier sending the child to termination of parental rights and to adoption.

Thank you.

[The prepared statement follows:]

TESTIMONY OF HON. WILLIAM D. MADDUX
STATE OF ILLINOIS

The Juvenile Court in Chicago is not only the oldest Juvenile Court in the country, but one with an extremely high volume of cases. The number of cases pending approaches 40,000 and is continually increasing. The number of cases cited are abuse, neglect and dependency cases. It does not include delinquency cases.

The judges in the Juvenile Court in Chicago quickly acquire a great deal of experience in balancing the rights of the biological parents and the needs of the children in cases of abuse and neglect.

No balancing need be done in the confirmed cases of extreme abuse or neglect. Where mom inflicts 200 cigarette burns over the body of her two-year-old, no balancing need be done. Such cases are quickly handled and where adoption is possible parental rights are terminated promptly. Those cases then move speedily to adoption.

No real balancing need be done in the "minimal" abuse or neglect case. Where dad takes a belt to the bottom of his fourteen-year-old who wants to join a gang, telling the father he has no right to try to stop him, the needs of the minor are quickly served and the question of termination and adoption will not be reached.

A minimal neglect case might be one where the two-year-old wanders off from mom and dad at a yard party and is found in the street by the police. In both cases the "hot line" to the State agency is called. In the abuse case, the minor calls and in the neglect case, the police call.

The media widely publicizes episodes of extreme abuse and neglect. Accordingly, reporting of abuse and neglect cases includes a great deal of minimal abuse and neglect. This is so, particularly by those in the mandatory reporting category, e.g. police, teachers, medical personnel, etc. Err on the safe side is the rule.

Since so many cases of minimal abuse and neglect come before the court, statistics regarding cases moved to adoption can be misleading. Occasionally, parents in the "horrible" category are discovered in a minimal abuse case and the minor is moved to termination of rights and adoption. A "horrible" I define as one incapable of parenting by reason of various combinations of psychiatric disorder, drug and/or alcohol dependency and ignorance. The mix could be one that makes the minor at risk and eventual abuse or neglect a certainty.

Most of the criticism of the courts pertains to those cases of abuse and neglect where it felt that family re-unification can be accomplished with the institution of appropriate services and monitoring. If it is posited that the best place for a child to be raised is in its family, these attempts at re-unification where possible make sense.

The problem of delay and the minor lingering in foster care does exist. How long does one work with a family before deciding that enough is enough? Drug dependent parents have a high incidence of relapse. They frequently cannot get into programs immediately when the desire to enter a drug treatment program is the highest, i.e. when the state has taken custody of their children. How long does it take for someone with an extremely low intelligence level to learn basic parenting skills?

Frequently repeated attempts at services with a goal of family re-unification results in a time lapse sufficient to place a child in the non-adoptable category.

Probably one of the key factors leading to a great deal of time and effort being expended on family re-unification has to do with federal entitlement programs. With entitlement programs the states are required to adhere to certain federal requirements as a condition to receiving federal funds. The most pertinent requirement is that the policy of family re-unification is paramount as opposed to the "best interests" of the minor. Not only is family re-unification paramount as a policy, but the states are required to show reasonable efforts have been made to re-unify the family as a condition to receiving the funds. Following that policy results in frequent and extended delays in termination of parental rights, thus making children unavailable for adoption.

Some states, such as Illinois have a policy resulting from a court decision requiring the best interests of the minor be paramount. Yet the state agency is required to follow the federally mandated family re-unification policy.

Most judges feel that the best interests of the minor should be paramount. States should be encouraged to more uniformly determine promptly whether a family can be saved or whether termination should occur.

Other reasons for delay can be found in the Juvenile Court Statutes of the States. Another federal entitlement requirement is the development of a permanent plan for a minor in custody. Yet some states do not permit the court to order such a plan. The court can only approve or disapprove. If disapproval, the matter is remanded back for re-consideration. Theoretically, this procedure could be endless, at best time consuming.

One glaring reason for children remaining in foster care at all is that most courts are powerless to order a specific placement. Courts for the most part cannot do more than order custody of the minor to the state. The state then determines placement. Where the minor is placed is determined by the current sociological thinking. Currently, foster care is the darling of the sociologist and is clearly the first choice. Normally, no other choice is considered.

Naturally, a bonding can occur with a foster parent which is difficult to deal with in a return home case. Damage to the child can occur with repeated changes in foster homes. Additionally, foster homes are frequently the place where abuse and neglect occur. Quality control is difficult.

In sum, I feel that most judges would be able and would terminate parental rights sooner. In the average case without conflicting policy considerations where the state agencies work for family re-unification its length of time the child is in foster care is overly extended. However, not all children in foster care are adoptable and some pre-adoptive placements are bad. At a minimum, the court should be allowed to have cases decided in the best interest of the minor and to be able to order alternative placement where the needs of the children so require.

Chairman SHAW. Thank you. I certainly thank the entire panel. I'm sorry that we ran over and Dr. Solnit had to catch his plane.

I would like to sort of walk through Dr. Zill's bar charts that are at the rear of his testimony and ask that the panel members might want to comment on that.

May I have copies of this handed out to the other three panelists because I think there are some good messages here.

I would invite any of the panelists who might disagree with his findings to say so, but the purpose of walking through it is to try to look for explanations as to what went right and what went wrong.

The first bar chart shows that for adopted children in the United States, referring to the quality of their home environment, pertaining to such things as bedtime, seatbelts, and adult smokers in the home, the adoptive parents came out superior to natural parents.

In figure 2, pertaining to adoptive children and access to medical care, it shows that the adopting parents provided better access to medical care through health insurance, through dental visits, and having regular providers for sick care.

I think in all of these areas what we are doing is finding out that the adoptive parents are prequalified, whereas with biological parents, we haven't gotten that much government yet where we are prequalifying people to have children.

In figure 3, pertaining to the adoptive children, and their state of health, we find that it is generally better than all of the other categories with one interesting exception. You find that the—I don't understand this one, but it says that in general, as to the fair or poor health with limiting conditions, you find that generally the child who is with both parents is found to be in better condition. I am not sure how that equates. I guess you find that there is a large number of sick children that are put into adoption that do require care.

Mr. ZILL. I think that is part of it and that it also represents some of the developmental problems that children have.

Chairman SHAW. That starts to show up in the following bar graphs.

Mr. ZILL. Yes.

Chairman SHAW. In looking at the adopted children as to illness, injury, and medical care utilization, generally on that page, it appears that the adopting parents really do better than any of the other categories, including the birth families.

Mr. ZILL. Especially with respect to hospitalization.

Chairman SHAW. Yes. Then you get into how they are doing in school; in the lower half of the class. All of a sudden you find that the—I am only measuring here the adopting parents with both birth parents. And we find that the adopted kids are not doing as well in school and we find that they are more likely to repeat a grade than the others and——

Mr. ZILL. No, no, no. They are less likely to repeat a grade. They are equivalent to the both biological parents group and they are less likely to be suspended or expelled than children living with unmarried mothers.

Chairman SHAW. I'm sorry. I was only comparing the adopting parents with both birth parents.

Mr. ZILL. But it is very close, essentially those are equivalent percentages.

Chairman SHAW. Well, it is not close in the lower half of the class.

Mr. ZILL. That is correct.

Chairman SHAW. We are finding that there is something missing there. Do you have any statistics as to the children that were adopted at a very early age as infants compared with those that were adopted as teenagers or in grade school?

Mr. ZILL. Yes. They tend to look better on this measure. The ones that are adopted in infancy tend to look better than those adopted later, but they still are somewhat less good than the children who were with both birth parents.

Chairman SHAW. How do we account for that?

Mr. ZILL. We don't completely understand it, but one theory is that there are some genetic aspects here and that the pool that adoptive children are drawn from is somewhat different than the middle-class families that they are in. The effects of those good families shows up in the lower rate of grade repetition and shows up in the rate of suspension or expulsion. But there still is a difference: They don't do quite as well as other middle-class kids.

Chairman SHAW. Do any of the other witnesses want to comment on that, on that particular statistic?

Ms. BEVAN. Only in that I think this argues for a policy that provides for early and expeditious adoptions. It is clear that part of what you are looking at is the child's history of prior abuse. The child's history prior to the adoption. You can't blame the adoption experience. If the children were in and out of foster care several times and reabused, it is not the adoption experience that caused these problems. It is the child's prior history. That is not teased out in the statistics.

Chairman SHAW. You would say that probably this is caused by a lot of them being bounced around in foster care before they ever got adopted.

Ms. BEVAN. You certainly can't rule it out.

Chairman SHAW. And that causes some emotional problems and other problems.

Mr. ZILL. I think that is a large part of it. I think that is not the whole story.

Ms. BEVAN. Right.

Ms. PRICE. It would be interesting to know how you chose your control group.

Mr. ZILL. These are representative samples of children in these family types. In other words, what we are talking about here is a representative sample. When I say children with unmarried mothers, that is a cross section of all children that were born outside of marriage and are being raised by their biological mothers in single-parent families. It is a probability sample.

Similarly, the children living with grandparents are representative of all children who live with their grandparents but not their biological parents around the United States. This is not an experimental study. It is a cross section of the child population.

Chairman SHAW. I guess figure 6 is the one that we should be most concerned about of all of your statistics, and that is the prob-

lem with the psychological disorders. You are getting into some high percentages where the adopted kids seem to be doing a lot worse in these other areas.

Mr. ZILL. A couple of points here. One is that these are parents' reports of conditions that they have had diagnosed by others, so that families—biological children, for example, living with unmarried mothers that do not have as high an education level and may not have as good exposure and access to medical care, may be less likely than adoptive parents to get their child diagnosed. So some of that gap represents the very good receipt of care and attention that adopted children get.

Chairman SHAW. You go back, then, with one of the earlier charts in saying that these psychological disorders are known more because these parents have taken the kids to get some type of professional help——

Mr. ZILL. That is right.

Chairman SHAW [continuing]. For which they then become statistics whereas the ones that are in the other three categories aren't necessarily getting tested.

Mr. ZILL. Well, I think that is part of it. I think another element of what is happening is that, again, many of these children with emotional and behavioral problems are ones who were adopted later, who have had experiences of abuse or neglect or having been bounced around from one family to another, and that is showing up.

Again, there may be something about the pool of children from which adoptive children are drawn. There may be a higher preponderance of temperamental characteristics and learning disabilities in that pool of children who are given up for adoption. The adoptive family does many good things for the child but can't solve all the problems. Children are a combination of nature and nurture and I think we are seeing both of these things at work.

Chairman SHAW. I think that introduces us to the final chart which seems to defy some of the earlier charts and that pertains to the way the kids are finishing school and those things where the adopting parents seem to be doing an excellent job. I guess that means that they are very supportive.

Mr. ZILL. Yes, I think that is right.

Chairman SHAW. Generally right.

Mr. ZILL. I think the message is predominantly a very positive one in terms of the supportive quality of adoptive families. But I don't think that, particularly when the child is adopted after infancy and has had a very checkered early childhood, we should expect that the adoptive family, even with all its resources, is going to work miracles. I think parents who adopt those kinds of children, it is very good that they do so. It does all of us a great service. But they have to do it with their eyes open and with the resources they need to be able to cope with some of those problems.

Ms. PRICE. I would add to that, that the expectations for those children may be very different from the ones that were adopted in infancy, the expectations on the part of the adoptive parents.

Chairman SHAW. Do any of the other witnesses have any comments on the——

Ms. BEVAN. I would. I would like to raise the whole issue of who is adoptable and how the kids turn out. I would like to lay to rest who is adoptable. Do you know that there are waiting lists for children with spina bifida. There are waiting lists for children with Down's syndrome. There are waiting lists for children who have AIDS. If you free these kids for adoption, these kids will find homes.

Chairman SHAW. What is keeping them from being free for adoption? Judge Maddux mentioned that there are time segments that they have got to work around which perhaps your State legislatures should be looking at. But other than that, when you start talking about these types of kids, they were obviously somewhat abandoned by their parents and find themselves just in a dilemma.

Judge MADDUX. My experience is that I don't think the seriously abused kids or the ones with some serious problems, I don't think those are a difficulty. I think they move quickly to adoption, if you look at numbers.

The problem we have are with the ones where you have the—not the mild abuse where you rehab the family and get back together, but the ones in the middle ground. Those are the ones where repeated attempts to solve the family's problems, where they are placed, it may well be that some of these youngsters have learning disabilities, it may well be some of them have developmental delays, it may well be that many of them have a lot of the other problems.

I think the reason why we don't move quicker to adoption, termination of rights and adoption is one of inertia because of a concentration on the policy of reuniting the family first, making every effort to do that. I have heard it before, and it is true, where the law says that reasonable efforts should be made. What that translates to is all possible efforts are exercised and they exhaust all those efforts before they even consider moving toward adoption.

And then when we start to move toward adoption, they don't even begin that process until the rights have been terminated by a court, and then it takes a couple of years for the mechanics to get around to do that.

Chairman SHAW. If the parent is willing, it happens instantaneously, doesn't it?

Judge MADDUX. Exactly.

Chairman SHAW. They just sign off and the child is immediately——

Judge MADDUX. They sign consents and they do it in my courtroom on a daily basis. They surrender their parental rights and they move to adoption just like that. It is where you have to make a finding where there is a contest and the parent or parents are fighting every inch of the way. That is where you have to have another full-blown hearing where now you must prove by clear and convincing evidence that the parental rights should be terminated, a higher standard, and those things are cumbersome and they take time.

Chairman SHAW. Is there court backlog that you experience in Illinois?

Judge MADDUX. No. Our backlog doesn't apply to the juvenile court. We have staffed that with sufficient people, 18 people, to

hear the abuse and neglect cases, 18 judges, 24 hearing officers, 2 judges who do nothing but terminate parental rights all day long. I mean, the personnel is there and the people are there to do it.

There is some kind of a—I know that for statistics about Illinois, the number of kids keep coming in, in fact it is 40 a day on the average, 40 new ones a day keep coming in. They seemingly don't ever go out. And adoption right now is one of the things that Illinois has studied very, very heavily and even just got through receiving a Federal grant to streamline that.

The DCFS got the grant to streamline the process internally and the mechanics to getting to adoption. It is not judges who initiate going to adoption. It has got to be done by the people who are dealing with those children directly.

Chairman SHAW. Judge, I was just handed a comparison of Illinois as to the median duration of the first placement and I find that, let's see, California is about 18 months. Illinois is almost 35 months, Michigan is 12 months, New York is 24, Texas is about 9.5 months, which I think probably means what we ought to do is start looking at some comparison as to State statutes to see what is working and what is not and exactly where—what the holdup is.

And also, of course, I am sure in some of these areas case backlog is a problem, but it sounds to me that what you are saying is that the Illinois statute is the worst—and is the big problem that you have got in Illinois.

Judge MADDUX. Exactly. I mean, I hesitate to even say these things anymore because I have begun to sound like a broken record, but a judge in the juvenile arena in Chicago under that specific statute, you can look back and you can see how the statute started and you can see how it got amended over the years because everybody—times change and people with their own particular philosophy feel that a judge has too much power in a particular arena or area, so something is done to curtail that.

So what you have is a patchwork quilt statute that really ought to be thrown out and started over again, where the judge really has no power. And it is very frustrating to be blamed for delay and slowness when there is nothing you can do about it, nothing.

Chairman SHAW. Mr. Ford.

Mr. FORD. Thank you very much, Mr. Chairman.

Under H.R. 4, does block granting really address the real problem that you are faced with in the Cook County juvenile court system? Does it offer a solution to these abused and neglected children?

I understand that you have suggested legislation that might be needed in the State of Illinois. That might be true in other States. Without any Federal standards, can we accomplish all of this by going around to the States and saying that we are going to block grant this program and send you the money to administer these programs, when you have got 40,000 cases in your own State of Illinois juvenile court.

Will H.R. 4 really help you at all in your State?

Judge MADDUX. The manner of paying the money isn't really, to me, the determining feature. What is critical to me is the Federal mandate to the State of Illinois that says you must work first and

foremost to reunify the family as a condition for getting the money. The emphasis——

Mr. FORD. But the States have imposed these laws upon you, right?

Judge MADDUX. No, sir. The State of Illinois has the policy of the best interests of the minor first, which is at odds with the Federal policy.

Chairman SHAW. If the gentleman would yield, H.R. 4 amends that law that you just referred to and you complained about.

Judge MADDUX. That is why I say that is a plus.

Mr. FORD. Ms. Price, madam, let me just ask you a couple of questions.

Do you think the block grant approach would serve this Nation's abused and neglected children adequately under H.R. 4?

Ms. PRICE. As I have stated, we have concern that we would be able to, within our State, come up with sufficient funds to in effect continue an important adoption assistance program.

Mr. FORD. What effect would the block grant approach have on the adoptive families when the parent takes another job in another State? Is there a guarantee of the subsidy crossing State lines?

Ms. PRICE. That would be something that we would think would be very important. Because of the Federal assistance program, the subsidy goes with the child and the family wherever they may go. Now, States can establish their own priorities in terms of how they want to use the money that they are going to make available for adoption assistance. And, of course, that could be a deterrent if a State would say you can only use it within the bounds of the State of Florida or the State of Illinois or wherever.

Mr. FORD. You are saying the subsidy should travel——

Ms. PRICE. With the child and with the family after the adoption occurs.

Mr. FORD. Still knowing that the subsidy in one State might differ from one State to another?

Ms. PRICE. It could be different in each State. You see, some of the very hard-to-place children may not—for example, in Florida, suppose we have a kid who has many, many special needs. He or she may be registered on an adoption exchange, a national adoption exchange or a regional adoption exchange and, consequently, the right family for him may be found in the State of Illinois, the State of Kentucky, or vice versa. And this is good for the child because there is a match made that, hopefully, is best for that particular child and it is important that the funds be there for that child and family wherever they live.

Mr. FORD. How would you financially describe the typical suitable families for special-needs children? Are they modest income families that benefit from the family subsidies to adopt?

Ms. PRICE. Many of the families whom we have worked with, with whom we have placed special-needs children are persons from low-, medium-income families who have adequate funds to support themselves and their children, but who need additional funds in order to care for more children coming into the family and children who have needs that are very pressing that take parents away from their job during times when they must provide counseling—go with children to counseling services, become part of the counsel-

ing process, see that they get to the medical programs that they need.

These are children who have not had this kind—they have not had this kind of care prior to the time that they are coming into the adopted family and, as a result, there are many additional things that need to be done that might not occur in—with children in your family or my family.

Mr. FORD. About what income level do you find these families at?

Ms. PRICE. I didn't understand you.

Mr. FORD. The income level. Are these working families with——

Ms. PRICE. These are working families, yes. They are working families.

Mr. FORD. What income levels would you say?

Ms. PRICE. Oh, I would say that they are $25,000 to $30,000.

Mr. FORD. $25,000 to $30,000.

Ms. PRICE. In most cases, both parents are employed or at least one parent is employed full time and one is employed part time.

Mr. FORD. One of the things that I mentioned earlier when we heard from the Congressional Research Service representative, Ms. Robinson, was the adoption tax credit. I think she wanted to make it refundable. Making the adoption credit refundable would impact the very families that we are talking about now.

Ms. PRICE. I think it would—that depends on a family's income. I am really not that knowledgeable about that particular recommendation, but I have always been under the impression that it is most advantageous to the higher income family.

Mr. FORD. I think Ms. Robinson supports that particular concept. Do you agree that making the adoption credit refundable to families with the most modest incomes would be a way to improve the tax bill under the Contract With America?

Ms. PRICE. Certainly. If the tax credit is going to become in effect, it would be best if it did apply to anyone who wants to adopt.

Mr. FORD. Your Honor, let me just go back to you just 1 minute if you don't mind. Your solution is no Federal requirements, and you suggest we trust the States. That is basically what you are saying, Your Honor; is that right?

Judge MADDUX. I think so.

Mr. FORD. Twenty States are under court order for not protecting children. Now, how can you come here as a judge and testify today that we ought to trust the States when there are lawsuits today pending in 20 States saying that the States are not protecting the children? And you are also telling us that you have backlogs, which indicate that the abused and neglected children are not being protected by the State.

But today, under this Contract With America, the Republicans are saying, since they have so many Republican Governors in the States, that we ought to give the Governors the money and let the Governors operate the abused and neglected programs when we know that these same Governors are not protecting children in this country.

Can we seriously say to abused and neglected children that we ought to trust some of these States?

Judge MADDUX. Not wanting to get into a basic philosophical or political difference, I do want to say this——

Mr. FORD. Judge, I am bringing to your attention the 20 States that have not protected children in lawsuits.

Judge MADDUX. But the point is that these cases you are talking about occurred during the time of the Federal granting of money under entitlement programs, not—entitlement programs didn't come later to correct any problem. The abuses seen are by the agencies and the State administering the funds that the Federal Government gives them.

And the cases are brought against them for their inaction or their failure to act to protect the kids, and I am in favor of every one of those cases and almost everything they have done. Those cases are brought in the Federal court against the State agency for not doing what it should be doing. I don't think that speaks against what I am saying.

Mr. FORD. You don't?

Judge MADDUX. No. What I am saying is that I am not at liberty as a judge, under the law, with that policy being followed to quickly bring this case to termination where it should be brought to termination because they won't get their money unless they do what the Federal Government says.

Mr. FORD. Right. But you suggest no Federal requirements, we will just send the States the money and say, hey, hopefully you will protect the children. No requirements, just send them the money. Why don't the States collect their own money and fund the program then? They live in the States. Let the States take care of these problems.

Judge MADDUX. They do a lot of it. If you are going to ask me my own political preference, I say they should do that.

Mr. FORD. You say they do a lot of it today?

Judge MADDUX. They give a lot of State money to those programs. Matching funds.

Chairman SHAW. If the gentleman would yield, I think the point that the judge is making is that the lawsuits that you refer to are being brought about under the existing system, not the proposal. There are always going to be some problems of abuse and failure in the system, whether it is the Federal system or the State system, and there is no way we are going to legislate away incompetence because it is going to happen and it is going to happen whether we are handling it or whether the States are handling it.

I think the argument that what is happening under the existing situation proves that it is going to be worse under the proposed one is—you are—I know you are not advocating that we take it over and run it as a Federal system entirely and bypass the States, because that would be a complete disaster in my opinion, unless that is what you are referring to.

Mr. FORD. As we look at these lawsuits, the issue here is that these States have not protected the children. Regardless of whether the entitlement programs and laws have been set out, the States have not followed them.

The bottom line is that the children have not been protected, and I think protecting children is your intent, Your Honor, and I think that is the intent of this committee and everybody that is on this panel. We want to make sure that the abused and neglected children of America are given the protection that they need. And, if

necessary, we can move them into foster care or into the adoption process.

I think that is what you want, that is what I want. We just want to make sure that we do it the right way. I am not sure that we have evaluated the problems that we see, considering the serious problems the States face. I don't know. I haven't looked at all of the cases against the States, but we know that they are there. And, before we block grant a program with no requirements to the States, I just want to make sure that we are not sending a plain brown envelope with the money to the Governors and expect for them to protect the children that are really in need of this protection. I don't want to make your job even tougher in the juvenile court system.

As a matter of fact, when I was chairman of this committee, I paid a visit to your facilities there. I spent a day there at the juvenile court system in Cook County and was very impressed with judicial and administrative operations in general. I was very impressed. We held hearings with many of your court officials there at the court system.

Thank you, Mr. Chairman.

Judge MADDUX. There is one comment I would like to make.

Chairman SHAW. Certainly.

Judge MADDUX. When we talk about these cases where the children were being—not being taken care of and being abused, one of those cases was very significant, had to do with the State agency not following through with the development of a permanent plan as required by the Federal Government under the entitlement program, the mechanical aspect of not doing it.

So that is what that was about, and it was a huge, huge case involving an awful lot of time and expenditure of money. And to correct that, it has taken an awful lot of time, time of the people, expenditures of money to try to correct—develop that plan. It is not that the kids weren't being taken care of or looked after. It was the mechanical necessity to develop the plan as required by the law, you see.

Chairman SHAW. I would just like to say in closing that I have got confidence that my Democrat Governor, Lawton Chiles, that he will do everything he can to spend the money wisely, and I have also confidence in your Republican Governor, Don Sundquist, who was formerly a member of this committee, that he will do everything.

So I guess it is just a question of how much faith we have in our States and our State government. I really don't see any partisan lines when we are talking about the welfare of children and what we are really trying to do.

And I want to thank this panel for appearing before this committee. We have a lot of work ahead of us. Your testimony, both written and oral, will become a permanent record as part of the hearings of this committee. It will be very valuable to us in considering any legislation that we might be able to consider with regard to serving the youth of this country, and particularly those that are in need of families.

Mr. FORD. Would the Chairman yield?

Chairman SHAW. Yes, sir, be glad to.

Mr. FORD. Thank you, Mr. Chairman. I too want to agree that most Americans have great confidence in Governor Chiles and I would like to just say for the record he has sorely criticized your bill that you reported out on the welfare reform and said that it was not something that the States were ready for and sorely criticized it in every way.

But I join with you, and most Americans think a lot of your Governor and think he is on the right track, and he too thinks that the Republicans in the Congress are on the wrong track.

Chairman SHAW. Well, Mr. Ford, you started on a partisan note so I guess it is only correct that you end on one.

The hearing is over.

[Whereupon, at 2:40 p.m., the hearing was adjourned.]

[Submissions for the record follow:]

**TESTIMONY OF STEPHEN POTTS**
**COALITION OF CONCERNED CITIZENS FOR A BETTER D.C.**

My name is Stephen Potts. I am submitting testimony as a matter of personal interest and professional experience. I have counseled teens with drug problems and their families at Changing Point, an in-patient rehabilitation center. I received training for counseling individuals with drug problems at the Washington Area Counsel for Alcohol and Drug Abuse. I hold a B.A. from the School of Behavioral and Social Sciences at the University of Md., and am myself adopted. I have therefore, life experience and professional training regarding many of the issues that should be considered in these Hearings.

My primary thesis is that the decision of whether to implement short term rehabilitation for the family vs. permanent placement of a child in an adoption setting should be determined on a case by case basis, according to criteria developed based on the age, and health condition of the child.

There are two main questions I propose we answer. The first question is: ***Who are the intended primary beneficiaries of the laws we are creating***? Children, Adults or both.

I believe the answer should be the children. For example, there have been an increasing number of cases of taking adopted children out of a family setting into which they have bonded to be returned to the grieving biological parents. While I empathize with the pain that must be felt by the biological parents, **are we putting the needs of the children first?** I think not.

If we say the answer to the above question is both, then who receives priority consideration?

I propose that we state very clearly that the laws passed here shall be developed in such a way as to first and foremost take the needs of the children into consideration. The needs of the adults must also be accommodated, but worked in as they complement the needs of the children.

The second question we need to answer is: ***What role does the age and health condition of the child have to play in the decision***?

Surely, by now we realize that we cannot have an effective blanket policy that is intended to cover everyone.

Significance of Age.

Age is significant, especially at the earliest stages of infant to three years old. Last year the Carnegie report on child development told us that the first three years of a childs development set the course for the rest of their lives. This is

the time of peak biological development of the brain. The brain is taking in more information and building upon it than at any other period in the human lifespan. Therefore, the mental, social and psychological development of the individual has it's foundation during this period.

**Abuse and neglect have their greatest impact on children of this age.** It is my proposal therefore, that ***at the first sign of abuse and neglect of children ages infant to 3 years, that they be removed from the home immediately and put in an adoptive family setting.***

I further propose that a panel of experts on child development be convened to look at the remaining stages of child development and develop criteria for solutions appropriate to those stages.

Significance of Health

When we look at abusive, neglectful or otherwise dysfunctional family situations, we must investigate how these patterns have affected the health condition of the child. Even if physical abuse is not evident, the effects of the situation may have provided the foundation for disease, improper physical development, and almost assuredly improper functioning of the immune system.

I propose therefore, that ***thorough health examinations be institutionalized as a primary aspect of the treatment modality for abused or neglected children.***

Short-term Rehabilitation

Based on my experience and training counseling drug-addicted teens and their families, I have seen and validated a widely accepted theory that family dynamics are like a mobil. When one part of the mobil is moved, the entire mobil moves. Therefore, if changes are going to be permanently incorporated into the family, when one member begins to change, all will be affected, and all will need to co-adjust.

In order for a child to successfully co-adjust with the parent(s) they will need to be able to understand to some degree what their role in the changes must be. They will need support to incorporate these roles. And will need to communicate with the parent(s) and with professional monitors about how the changes are affecting them, and whether or not the changes are really being incorporated at all.

These requirements are far beyond the capabilities of an infant, and of some small children, thus supporting my earlier

proposal for children of this age to be moved to an adoptive family.

In order to assist children who are old enough and healthy enough to handle this change process, I propose that ***a program of Professional Monitoring be established for each child, again based on the age and health condition of that child***.

Similarly, for those children who are placed in an adoptive family, I propose that ***a program of Professional Monitoring be established for each child, based on the age and health condition of that child***.

Question: If these measures seem too costly, then what is the formula for determining how many children are expendable to dysfunctional families? And what is the formula for determining the cost to society in the long run to fix the effects of problems which started in childhood?

Thank you for providing the opportunity to submit testimony on this important topic.

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STATEMENT TO WAYS AND MEANS SUBCOMMITTEE
ON HUMAN RESOURCES

HEARINGS ON FEDERAL ADOPTION POLICY

Statement of Janet Acker, CSW
Executive Director
Court Appointed Special Advocates
May 24, 1995

New York City Court Appointed Special Advocates (CASA) is a non-profit organization, using volunteers, trained and supervised by a professional staff, to advocate for foster children's interests in court. Since 1979 Family Court Judges have assigned New York City CASA to problematic cases so children do not languish in foster care, or get lost in the city's vast bureaucratic system. CASA volunteers make certain the court's orders are fulfilled, that appropriate services (i.e. drug treatment, employment or housing referrals) have been identified and are provided to the family.

In 1994, CASA monitored the cases of over 1200 children in foster care. We see first-hand the joys of families reunited, and the new families formed by adoption. We also witness the frustration of pre-adoptive families waiting years for children to be freed for adoption.

This Sub-committee's goal of a sound Federal adoption policy will, in fact be undermined by the Personal Responsibility Act (H.R. 1214) passed by the House of Representatives on March 24, 1995. This bill in large part obliterates any chance of either returning children or finalizing adoptions in a timely manner. If passed by the Senate, will:

- •Eliminate the requirement that a Guardian ad Litem be appointed to safeguard the best interests of every abused or neglected child in the juvenile justice system.
- •Eliminate individual case reviews conducted by panels of appropriate persons at least one of whom is not working directly with the child or parents.
- •Eliminate adoption subsidies which allow a family to afford to care for children with special needs.
- •Eliminate the requirement for state child welfare agencies to develop training plans for child welfare staff, foster parents, and child care staff.

I would like to address the above points individually, as they each move the process of achieving permanence for children in foster care further from reality.

1. Guardians ad Litem, whether they are Law Guardians or Child Advocates like CASA's, are a critical component not only of moving the child's permanency plan forward, but of making certain the service needs are evaluated and met while the child is in foster care. They protect the child's interest and give a voice to the child's wishes. Critics argue that each person on a case is there to protect the child's interest. This is patently untrue. Biological parents, adoptive parents, and caseworkers may all be represented by attorneys. I need not remind this body that an attorney's first duty is the interest of his or her own client. The child's voice can go unheard in the greater chorus. Often in advocating for the child, it is the Guardian ad Litem who ensures that services are

offered to the family, thereby moving the permanency plan forward. Given an over-worked, under-staffed system, it often takes someone independent of the childcare agency to ascertain that matters proceed.

2. Elimination of individual case reviews will be disastrous to this Subcommittee's stated goals of permanently placing children. In any bureaucracy as large as a child welfare administration, especially in larger cities, the possibility of each child's case receiving the attention and care it deserves is almost nil. Reviews, especially where at least one party is not attached to the agency are one way to be certain that each family is indeed being offered the help needed to achieve permanence for the children involved.

3. Everyone agrees foster care is a far from ideal situation. Not only can it have severe emotional consequences for the child, it is expensive for the state. The system recruits foster parents, who have the overwhelming job of both fostering the child's relationship with the biological parent, and treating the child as a member of their own families. Not surprisingly, when a child is freed, foster parents are often eager to adopt.

Many foster parents are on fixed incomes; they need the foster care funds they receive in order to adequately meet the children's basic material needs. It makes no sense to expect they will be able to manage financially once they adopt, especially if they are adopting siblings or a child with special needs. Already the adoption subsidy is less than the foster care payment. Costs will be saved after finalization when there is no more need for costly and time consuming agency monitoring or court reviews.

If the foster family decides they cannot make it financially, and therefore decides not to adopt, the child loses. The state also loses. A child has now been deprived of both biological and foster family. He or she may be of an age or have special needs that will make re-placement much more difficult. Now the child will either remain in the present foster home as a foster child, or be moved to another home assuming one can be found that will not need a subsidy. If such a home cannot be found, the growing child may be placed in a group home or a congregate care facility, without family of any kind, requiring continued foster care funds, social work services and court review. These ominous predictions are not pessimistic imaginings. We see cases like this every day when pre-adoptive plans disrupt for one reason or another. For such situations to occur for want of adoption subsidies seems wholly unnecessary and cruel to the child, and fiscally unsound for the state.

4. Proper training of persons to whom we are entrusting children in crisis cannot be eliminated or curtailed. Without training how are over-worked caseworkers supposed to know how to construct and implement permanency plans which will meet this Subcommittee's concerns? The complex task entrusted to child welfare workers, especially around the dilemma of either returning children or placing them in adoptive home requires that workers make decisions about families' lives for the rest of their lives. Initial and on-going training and support must be provided.

What <u>will</u> advance this Sub-committee's goal of moving children out of care? The implementation of any Federal adoption policy must be preceded by diligent efforts to support and improve services to biological parents in order to restore children to them if at all possible. The goal of adoption cannot be reached; parental rights cannot be terminated without the parents having been offered necessary services. The decision to dissolve a family is a drastic step which should rightly be the court's last recourse. If that decision is made, it must be clearly demonstrated to society that parents were given every chance to provide a safe and loving home. If such opportunities are made available, biological parents' failure to improve their situation is then a substantive basis to place children adoptively.

Critics of the current system argue that the courts go too far to

preserve the rights of biological parents. This is a misperception. We see judges struggling daily to push cases through the system, but they cannot do so if "diligent efforts" have not been made. In New York State this requires "reasonable attempts by an authorized agency to assist, develop and encourage a meaningful relationship between parent and child." These attempts include providing services and other assistance to parents in order to resolve or ameliorate problems preventing the return of the child, making suitable arrangements for visitation between parent and child while the child is in foster care. The court may then consider the failure of the parent to utilize social and rehabilitative services.

One reason permanency plans cannot move forward is that services for families required to exercise diligent efforts are not available. Disregarding for now the fact that the system is perennially overworked, understaffed, and may need a major overhaul, service plans are useless if referral services are unavailable. Parents may need parenting skills programs, daycare for children so that they can work and relieve some of the families' financial worries, drug treatment, etc.

Community services need to be available, and they must also address parents' needs meaningfully. For example, if the mother of a teenager is referred to a parenting program it should tell her much more than how to diaper an infant.

It is fundamentally unfair to blame parents and possibly set them on a road which will end in termination of their parental rights when their needs have been only marginally serviced, or serviced only on paper.

NYC-CASA recommends that any Federal policy support the movement towards "family preservation" programs which generally are put into place before a family goes into crisis. Keeping children out of foster care in the first instance is the best answer to questions of both permanency planning and adoption. However, these programs must have follow-up and continuing services when needed. Good social work practice and good public policy cannot be replaced by a quick-serve/quick-fix approach.

The Personal Responsibility Act will ultimately cause more children to languish in costly care. Without representation, without trained caseworkers, without reviews of care, and without the financial support of adoption subsidies, children will remain on the government's bankroll and on society's collective conscience.

**STATEMENT PRESENTED TO THE
SUBCOMMITTEE ON HUMAN RESOURCES OF THE
U.S. HOUSE OF REPRESENTATIVES WAYS AND MEANS COMMITTEE**

**By**

**NANCY DALY
Children's Activist**

**Date of Hearing
May 10, 1995**

Mr. Chairman and members of the Subcommittee, thank you for the opportunity to submit my statement on family preservation.

My name is Nancy Daly. For the past twenty years I have worked as volunteer with and on behalf of abused and neglected children. My experiences during this time include direct service with children detained for their protection at Los Angeles County's emergency shelter and founder of the group created to provide these services, the United Friends of the Children; founder and member, Board of Directors of the Children's Action Network; member of the Board of Directors of the California Court Appointed Special Advocates Association; member, Board of Directors, Center for Communication Policy, University of California at Los Angeles; member of the Los Angeles County Commission for Children and Families; and in 1992, I was appointed to the National Commission on Children, a bipartisan body convened to serve as a forum on behalf of the children of the nation.

My statement on family preservation is not being made in an official capacity as a member of any of the groups with which I have been affiliated. Rather, it is being made as a citizen who has had a variety of experiences relating to abused and neglected children and their families over a twenty year period, and who is extremely concerned about the plight of these children and their families.

I have learned much over the past two decades. I have learned how intervention in cases of child abuse and neglect can result in both positive and negative outcomes, often depending on the services and resources available. I have learned that, for many children, foster care can become a fact of life when efforts to prevent placement and reunite them with their families are insufficient or inadequate. And I have learned that although needed to protect children, foster care may not always be the best alternative.

**Preserving Families**

In Los Angeles County during 1994, the Department of Children and Family Services, our public child welfare agency, received an average of 14,000 reports of child abuse and neglect each month; more than 168,000 during the year. Many of these involved reports of general neglect, abandonment and other types of maltreatment which did not require that the children be removed from the home. With intervention on the part of the agency and the community, these families were *preserved*, foster care placement prevented, and in many instances, improvements in family functioning achieved to the extent that continuing intervention was not needed.

In still other situations involving similar and sometimes more severe allegations, many children might have been removed from their family homes, except that, in our County, we have developed a program known as the Family Preservation Approach. This approach has enabled us to *preserve* these families at risk by offering comprehensive, community-based services which have kept the families in tact.

Before the inception of our approach, many of these children would have been placed in foster care because we lacked the coordination of and access to services and goods which the families needed to avoid further deterioration. Once the children were placed in foster care, the families would face even greater hardships; many would disintegrate completely. Families receiving AFDC and food stamps would be discontinued because their children were removed; rents could not be paid and housing lost; much time would be spent traveling and visiting the children in care and attending court hearings; jobs would be lost because of time away from work; the litany goes on and on.

**The *Family Preservation Approach***

As a result of some very innovative legislation beginning in 1988, California has allowed counties to divert a portion of foster care funds to programs which instead prevent foster care placement. Some counties have utilized the *Homebuilders* of Tacoma, Washington approach, providing intensive, crisis-oriented, short term services. Others have developed less intensive models, contracted with private, non-profit providers, and have utilized other methods which best suited their communities.

In Los Angeles County, a highly diverse county of some nine million, 30 percent of whom are children, we sought an approach which would be uniquely suited to our area.

We began implementing our model in 1993, after many months of planning and community input. We have defined Family Preservation as:

> *"An integrated, comprehensive approach to strengthening and preserving families who are at risk or already experiencing problems in family functioning with the goal of assuring the physical, emotional, social, educational, cultural and spiritual development of children in a safe, secure and nurturing environment."*

The Family Preservation Approach in Los Angeles County involves Community Family Preservation Networks which bring together comprehensive systems of services through direct and purchased services. Lead agencies provide leadership and linkage to various hard and soft services in the local area, including counseling, teaching and demonstrating homemakers, parent training, family support groups, child care, substance abuse treatment, housing and others. The Approach also includes multi-disciplinary case planning with each family as well as Community Advisory Councils for accountability to our customers.

But this thumb-nail sketch only provides a portion of the picture. Our efforts are only partially completed; we are still in the process of a geographic phase-in of these Networks. In the short period our Networks have operated, however, we have already seen results. The rate of foster care in the communities with Networks has decreased, although we are still experiencing increases in other areas. Program evaluations by outside, impartial groups are showing positive outcomes. Community support for the agencies and the program is strong and Departmental staff are enthusiastic.

**Lessons Learned from Family Preservation**

We began our approach recognizing some basic tenets about family preservation. Family preservation services are not a panacea for all families; child safety must always be the foremost concern. Some families may not benefit from family preservation because they are unable to use the services. In still others, the safety of children cannot be assured even with intensive contacts and a full array of services, particularly where physical and sexual abuse remain as real threats. These beliefs have thus far proven to be valid.

Preserving families is a philosophy of service which embraces the notion that children should be kept out of foster care whenever possible *and safe.* Family Preservation, on the other hand, is a programmatic approach through which services are provided.

I believe that a strong distinction needs to be made between these two. Subcommittee Chairperson Shaw, in the April 26, 1995 Advisory from the Committee on Ways and Means, Subcommittee on Human Resources, said:

> *"Many social workers and others interested in child welfare emphasize the view that even families that have abused or neglected their children, or who are considered by authorities to be at risk for doing so, can recover enough to provide a safe environment for their children if parents are provided intense assistance by professionals. This movement, usually called 'family preservation,' has substantial appeal...."*

This is not the case with our Family Preservation Approach in Los Angeles County. We have recognized that, after assuring the safety of the children, families need an array of services that support children's healthy growth and development. We embrace principles which build strong families and strong communities. One size does not fit all; our approach enables families to access the services which they most need.

In conclusion, I hope that my statement will prove useful to the Subcommittee as it considers very important questions on adoption and family preservation. I urge you to make very careful, deliberate decisions as you consider both sides of the debate and to recognize that family programs are producing good results for children. Further, I urge you to support successful efforts such as ours and avoid policy decisions which will impair our ability to provide an adequate array of services, including foster care and family preservation, which can keep children safe and give them permanent homes. Finally, I urge you to avoid funding arrangements, such as block grants, which will result in reduced funding and competition amongst programs for these limited funds.

Written Testimony
Committee on Ways and Mean
Subcommittee on Human Resources
U.S. House of Representatives
Washington, DC 20515

By: John P. Steketee
Chief Judge of Probate
Kent County Juvenile Court
Grand Rapids, Michigan

On May 10, 1995 I was invited to give oral testimony before the Subcommittee, had prepared and welcomed the opportunity, but on that morning our community experienced dense fog prohibiting my air travel so that appearance at the hearing was impossible. This written testimony will be in place of my personal appearance. However, I would be very willing to appear before the Subcommittee or any of its members at another time if requested.

The very important subject is your inquiry into Federal adoption policy, how to balance the basic American value of family sanctity while at the same time ensuring that children are reared in safe environments. As Chairman Shaw succinctly puts it - "...whether family programs are producing good results for children or whether too many children are being suspended in foster care while waiting for their parents to be rehabilitated. All sides agree that permanent placements are best for children, but we hope to do everything possible to ensure that children are not being held in the limbo of foster care while waiting for permanent placements."

My invitation to testify requested me to call on my "experiences as a judge and discuss whether family preservation is compatible with the timely termination of parental rights that is so critical in adoption cases." Therefore, I will draw on my 28 years of experience in a juvenile and family court and my intense involvement on a national level with juvenile and family court judges and systems, having been active over a quarter of a century with the National Council of Juvenile and Family Court Judges in observation, research, education and training.

I first had the privilege of testifying before Congress during the hearings in the late 1970's which led to Public Act 96-272, the Adoption Assistance & Child Welfare Act of 1980. This significantly changed child welfare law in the United States. Nowhere else in the law must judges play such an important role as in juvenile dependency cases; the Act and state laws based upon it require juvenile court judges to monitor the activities of the social service agency before, during and after the state has removed a child from a parent's custody. We already are gatekeepers, but in this Act the stakes are high by both human and fiscal measures. The Act placed juvenile courts in the crucial position of monitoring social service compliance with its terms.

The Act was in response to widespread criticisms of the country's child welfare system and balanced the need to protect children with the policy of preserving families. After lengthy hearings Congress concluded that abused and neglected children too often were unnecessarily removed from their parents, that insufficient resources were devoted to preserving and reuniting families, and that children not able to return to their parents often drifted in foster care without a permanent home. Congress concluded that children need permanent homes, preferably with their own parents, but, if that is not possible within a reasonable time, with another permanent family. Permanent families provide children better care than the state and help ensure that they will grow into emotionally stable, productive adults.

Congress's response, Public Act 96-278, was based on three important principles: (1) preventing unnecessary foster care placements; (2) timely and safe reunification of children in foster care with their biological parents when possible; and (3) expeditious adoption of children unable to return home. The Act seeks to achieve these goals, in part, by providing state social service systems with incentives to encourage a more active and systematic monitoring of children in the foster care system. The major tenets of the Act and of the state implementing legislation are as follows:

1. The state must prepare a state plan
2. The social service agency must provide services to prevent removal of a child from parents and to reunite a removed child with parent.
3. Upon removal the court must make a finding that continued placement of a child with the parent would be contrary to the child's welfare.
4. The court must make "reasonable efforts" finding in each removal case, indicating whether the state, in fact, provided services to eliminate the need for removing the child from the parent.
5. The court must also determine whether the state has made "reasonable efforts" to enable the child to be reunited with his family.
6. The court must determine there is a case plan that placement is in best interests of child's needs.
7. The court must review a foster care status at least every six months. (Some states - including Michigan require three month reviews.)
8. The court must hold a hearing within 18 months (one year in Michigan) to determine a permanent plan, either return home or move to termination of parental rights; possible continued care but based on findings of fact (not by default).

You can see that Congress made a deliberate decision to give the courts substantial oversight responsibility. I observed that in those days this duty was not always welcomed by judges who felt that this type of obligation was not in keeping with the traditional role of a judge. However, gradually the judges across the country "bought in" to this concept and now most juvenile and family court judges firmly believe that a valid judicial function is to make certain that children do not come into the system without good cause, and that when they do the court's role is to keep "constructive tension" on the system, providing a forum for the hard questions to be asked and demanding that adequate answers be given.

The result of this oversight activity by juvenile courts resulted in finding "lost" kids in the system who were languishing in benign foster care but did not have permanent families, many times having to be moved periodically from foster home to foster home, not ever having a home of family of their own. These children, as a result of judicial inquiry and pressure, caused case plans to be made and permanency through adoption to be achieved.

We also learned that the face of adoption had gradually changed. Originally we had thought that adoption was for infants. But we now learned that adoption was also available for older children, sibling groups, kids with handicaps and disabilities, to the end that we now can say that there are few children for whom we cannot find a permanent home through adoption. Thus, long term foster care has proved to be a "last resort" result.

In the review process we began to use not only the judge reviews in court, but also drew on the assistance of citizens review panels, Court Appointed Special Advocate (CASA) volunteers, as well as the special training for social workers, lawyers, prosecuting attorneys, and even judges helping each of us gain more knowledge and sensitivity from the fields of psychology, and social work, e.g., child development, attachment, disruption and related principles. The review hearings became an opportunity to not only monitor the social services, but we also had the chance to inquire into the system and its gaps.

The issue of "reasonable efforts" caused us to look at the entire process. The Federal Act, and many states supplemented this and expanded on the concept, asked courts to inquire "...whether reasonable efforts have been made to prevent the child's removal from his or her home - or to rectify the conditions that caused the child's removal from his or her home..." This moved us to addressing the prevention piece of the process and we began asking about and reviewing what was happening before cases came to court.

We learned that to "shore up" families made sense; that earlier involvement and help and assistance for a family through community resources usually meant that families could be preserved and that children would be safe and secure. The Families First program emerged (Home Builders Model) with short-term, intensive intervention and then referral out to less rigorous community assistance. There were many versions of this and many programs used the same or similar names, with varying degrees of success.

Judges across the country had "signed on" to the principles of PA 96-272 over the years, but as we turned toward the front end of the system, and prevention services, the concern was whether children would be safe. Gradually judges began to observe that those prevention programs that did not opt to be a panacea, that did not keep children and families together at all costs where the risks were too high, that did keep safety of children on the same level as rehabilitation of a family, was a very good addition to the continuum of services. We observed that such programs could be very valuable to a family, could keep the family together, where appropriate and safety of the child was paramount, and the case need not come into court. The Families First program in Michigan, from my personal observation, and hearing from other judges, is a resounding success. Through it families can be salvaged, children can be safely retained in the family, and the whole foster care process can be avoided.

From a judicial standpoint, programs like Families First can intervene and many times be successful in helping the family salvage itself, and at the end of the limited period refer the family to further community resources to their benefit. Further, in my experience, when the Families First trained worker perceives that the family is not responding and/or the child is at risk, they can move forward with dispatch to file the case with the court. Then, again it is my experience that such a case gets on a "fast track" and the case will get very close court scrutiny and action leading to a very prompt termination of parental rights, when appropriate. So, the Families First involvement can save families, kids when the family responds to the expert help, but can also shift gears quickly filing the case with the court and based on the track record of Families First involvement the case can move forward with vigor and with a detailed factual basis.

Therefore, I can assure the Committee that across these United States, in small cities and large, in rural and urban areas, the mandate of PA 96-272 is being followed. Valuable and competent prevention work is being done with families, many times with success and with safety for children in the process. When the prevention work is not successful, then the courts become involved and many of them move promptly within the guidelines of PA 96-272 (and in some instances like Michigan - much faster), adjudicate, review (holding all accountable), bring to a permanency planning hearing and either return the children home with supervision or move to termination of parental rights and adoption. Permanency for children is realized. I know that juvenile and family court judges across the country are committed to these principles. I have met with them, heard them say it and seen many of them in action. The basic principles of PA 96-272 is adopted by the several thousand juvenile and family court judges with whom I am acquainted. Even though the sanctions of the Act have not been rigorously enforced by the Federal Government, many states and indeed the judges are following them in practice.

In closing, let me recite for you some statistics from my Court which I believe speak for themselves and, I submit, are evidence that in Kent County (and I'm sure in many other courts) "...children are not being held in the limbo of foster care while waiting for permanent placements."

1. Of all neglect cases filed - 50% + end in termination of parental rights.
2. Within 9 months (average), children are either:
   a. Returned to their families with after-care supervision and court review and monitoring, or
   b. Petitioned for termination of parental rights.
3, Termination of parental rights decision - 12.3 months (average) from coming into court.
4. Adoption within 18.4 months from the time of Petition for initial wardship.

Does the legal system present a number of barriers to adoption? Not from my vantage point. The tools are there. Most judges in the nation are very conscious of the need for permanency and follow the guidelines as set forth in the Federal Law. The Federal Government and most states have set up a system whereby permanency for children can be achieved fairly and promptly if appropriate.

Is family preservation compatible with the timely termination of parental rights that is so critical in adoption cases? Yes, in my experience. Through an adequate, intensive program of prevention many families can be salvaged. If the children are at risk of harm, in my experience, they are removed, or should be, if they can't be protected by the family preservation program. Many so-called family preservation programs should be carefully scrutinized to be sure they are providing the services and the safety that we all want for the children within a family. The Families First Program (Home Builders Model) as is in force in Michigan is an excellent addition to the continuum of services. And, when that program indicates that the case should come to court - the case can move rapidly to a fair conclusion to all parties.

Respectfully submitted:

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# COUNTY OF LOS ANGELES
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STATEMENT PRESENTED TO THE
SUBCOMMITTEE ON HUMAN RESOURCES OF THE
U.S. HOUSE OF REPRESENTATIVES WAYS AND MEANS COMMITTEE

By:


PETER DIGRE, DIRECTOR
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
LOS ANGELES COUNTY

May 10, 1995

On behalf of the Los Angeles County Department of Children and Family Services, thank you for the opportunity to submit this statement on federal adoption and family preservation policy.

The Los Angeles County Department of Children and Family Services is a public child protection agency which, during 1994, responded to more than 165,000 reports of child abuse and neglect. Our caseload includes almost 60,000 children for whom I am responsible under the law and as a professional; my Department is the largest child protection agency in the country.

In addition to providing child protection services, my agency is also licensed by the State of California as a full-service adoption agency. We provide adoption services to the children who are unable to return to their parents' homes because of abuse and neglect; to the families who adopt them; and to birth parents who either voluntarily or involuntarily give up their children for adoption.

In addition to this responsibility, I have also administered state and county public child protection programs in several of the most populous jurisdictions in the country. Because of this experience, I believe I know as well as anyone in this country the strengths and limitations of our existing programs under PL 96-272, the Child Welfare and Adoption Assistance Act of 1980.

In January 1995, I had the privilege of testifying before the House Committee on Ways and Means, Subcommittee on Oversight, on the issue of block grants, and in particular, block grants for child welfare. My concerns then and now remain the same: if both a welfare reform block grant and a child welfare block grant are implemented, the child welfare system could be confronted with an open-ended juvenile Court mandate which would result in foster care becoming the only protective intervention available.

I continue to maintain that a block grant for child welfare which includes foster care and adoption assistance funding will eliminate options for the children we must protect and the families we are charged with rehabilitating. Because block grants are not responsive to workload and caseload demands, they will cap our resources and leave the courts and our agencies with few alternatives besides the most costly and sometimes the most misused service, that of foster care.

Your subcommittee convened to hear about adoption policies from experts in the field, wondering, in the words of Congressman Shaw, whether too many children are being "held in the limbo of foster care while waiting for permanent placements" and "waiting for their parents to be rehabilitated." I believe that California law addresses these dilemmas by providing for both expedited adoptions as well as family preservation services; that we need to be able to do both to have a full array of services to address a wide variety of needs.

We would probably all agree that children have specific needs such as food, clothing and shelter in order to grow up to be healthy adults. But the fact that all children have these basic needs does not mean that their needs are all the same.

The *National Commission on Children*, in their 1993 report, *Just the Facts: A Summary of Recent Information on America's Children and Their Families*, recommended a comprehensive, community-level approach to strengthening families, including:

> *Protecting abused and neglected children through more comprehensive child protective services, with a strong emphasis on efforts to keep children with their families or to provide permanent placement for those removed from their homes. ....when babies are abandoned at birth and when repeated attempts to reunify older children and parents have failed, the adoption process should be streamlined to expedite placement of children in permanent, stable families."*

**Family Preservation**

The expression "family preservation" has recently become a term used in a variety of ways, including the effort to maintain a family and prevent foster care placement; a generic approach to such an effort; and a specific program. I believe that the varied application of this term has resulted in a great deal of confusion about what child welfare programs and policy in this country are intended to do.

The United States Supreme Court has held, in effect, that raising children is a private family matter in which government should intervene only under exceptional circumstances. Furthermore, we all know as well that the family is the cornerstone of society, the basic element around which civilization is organized. Based upon this understanding, federal policies, including PL 96-272, the Child Welfare and Adoption Assistance Act of 1980, for example, require us to make efforts to prevent placements and preserve families; to make "reasonable efforts" to prevent placement of children, and this is as it should be. Our charge in public child welfare, then, is to *preserve families* whenever possible and safe for children; to balance the privacy of the family with the safety of the child.

About ten years ago, child welfare agencies developed family preservation programs which were given various titles, among them, *Families First* and *Homebuilders*. The model for these programs came to be regarded as one which was crisis intervention-oriented, of short duration and extremely intensive in nature, involving daily or more contact with the client family. These programs have resulted in successful outcomes for many families and are worthy of the acclaim they have been accorded.

In California, however, through some very creative legislation beginning in 1988, counties were allowed to use a specified amount of State funds which would otherwise be used to pay for foster care, and fund instead pilot programs which would prevent placement and preserve families. Hence, they became known as family preservation programs, and many of these programs utilized the model described above.

In Los Angeles County, on the other hand, we have a program utilizing a *family preservation approach,* and, with the approval of California's Department of Social Services, we have been implementing this program on a phased-in basis. We have based our program on community-based systems of services, known as Community Family Preservation Networks, which collaborate with us to provide an integrated, comprehensive approach to strengthening and preserving families. This approach has thus far been successful in the communities in which it operates, resulting in 30 percent fewer foster care placements, in contrast to those areas of the county without the program where the rate of foster care placements has continued to grow. Additionally, child deaths related to maltreatment have decreased in the family preservation communities two years in a row, in contrast to the recent finding of the U.S. Advisory Board on Child Abuse and Neglect that

the homicide rate of pre-school age children has reached a 40-year high; and finally, the significant costs associated with foster care placements of the children accepted for family preservation services have been avoided.

In addition to some very positive accomplishments of our family preservation program in Los Angeles County, we were able to develop and implement a program unique to our local communities. But most importantly, the guidelines of the Federal Family Preservation and Support Act, PL 103-66, were sufficiently flexible to allow us to continue with our existing Community Family Preservation Network program and planning process, and implement the Act as it addresses family support.

We do not believe that our family preservation approach or any family preservation program is for every child and every family. We insist that assuring child safety be a guiding principle and the first goal of our program. This means that some families are not appropriate for our family preservation approach: families in which child sexual abuse has occurred and families which include a psychotic parent are two examples. Preserving families when safe for children is our goal.

Family preservation, then, has several contexts. It can be a most constructive, healthy approach to preventing foster care placements and family disruption. As a program or approach, it should not be presented as a panacea for the ills of all families and it should never be used when a child's safety cannot be assured. When regarded in its appropriate context it is but one of many approaches to protecting children; one approach among a full array of services we need to address the problems of child abuse and neglect.

**Expediting Permanency**

In 1987, California's Juvenile Court Law underwent comprehensive reform aimed at bringing greater coordination among child abuse reporting laws, child welfare services and juvenile court proceedings. The California State Senate Select Committee on Children and Youth, chaired by then Senator Robert Presley, convened a task force comprised of legal experts, child advocates, child welfare professionals and governmental agency representatives to examine existing statutes and practices and make recommendations for changes needed to ensure the maximum protection of children at risk of abuse, neglect and exploitation.

Among the outcomes of this task force was legislation which sought to balance protections afforded to the family with the needs of the child and the ability of the family to protect the child from harm. A major centerpiece was the recognition that once court intervention is determined to be necessary, children and parents should receive appropriate legal representation, time-limited and clearly focused protective and/or reunification services; and permanency planning at the earliest possible stage for those children who cannot live safely with their families.

California law for terminating parental rights in cases where the children were adjudicated dependents of the court because of abuse and neglect was substantially modified. Formerly a separate proceeding in a different court, this proceeding became part of the regular juvenile court review process, terminating parental rights within months instead of the years this process formerly required.

Significantly, the new law also prescribed seven situations where parental rights could be terminated *without* efforts to reunify. These included, for instance, cases where parents' whereabouts remained unknown after a six month, thorough search for them; parents suffering from a mental disability and incapable of utilizing reunification services; children severely physically or sexually abused; parents convicted of causing the death of another child through abuse or neglect; and children conceived as a result of rape or incest.

**Special Needs Children and Adoption Services:**

These provisions have enabled public child welfare agencies in California to pursue terminations of parental rights and adoption of children, diminishing the prospect of "foster care drift" for many children.

Using these provisions, my department has succeeded in increasing the number of adoptions over the past four years, placing at least one thousand children in permanent adoptive homes each of the past three years. We have increased our efforts to reach out to potential adoptive families, initiating a *One Church, One Child* program targeting our African American communities and working cooperatively with other adoption agencies such as the Institute for Black Parenting. We have become more effective in using the adoption subsidy program, in working with local media for adoptive family recruitment, using our Title IV-E training funds to improve social work staff skills and prepare potential adoptive families, and implementing our family preservation approach to help preserve post adoptive families at risk of disruption. We look forward to even greater efforts to place the hardest to place children.

Most importantly, considerations of these processes are that they provide tools which we may use to improve the lives of children. We continue to need the latitude existing law provides to fashion interventions tailored, to the extent possible, to the presenting situations. Human behavior remains as variable as the numbers of families we deal with and one size does not fit all.

For example, the children who have suffered from the cruelest of maltreatment by their parents, such as in those situations where California law allows us to expeditiously terminate parental rights, may not be ready or able to accept new parents through adoption simply because the law allows it. Despite a belief that still prevails today, love alone does not eliminate damage done to children who have been abused and neglected.

The vast majority of the children that we place adoptively are older children. They have special needs related to prenatal drug and alcohol exposure; they have been injured both physically and psychically and have long-term treatment needs; they have serious developmental delays; they are toddlers, pre-schoolers and latency age; and they are members of sibling groups who should remain together. Nationally, according to the Child Welfare League of America, 72 percent of children awaiting adoptive placement in 1990 had one or more special needs; in California, more than 90 percent of the children placed adoptively in 1992 were special needs children.

Both the children and the families who adopt them need careful preparation for adoption. The children may need help in understanding that their birth parents will no longer visit or reunite with them. The families will need to learn how to parent a child who has been abused and to understand a child who has been mistreated by his own family. Adoption is not a one-time event, but a lifetime process. It is more than terminating parental rights, it includes virtually every facet and every aspect of family life.

Although Title IV-E provides foster care funding for children awaiting adoption and Adoption Assistance for children with special needs, adoption services in general are currently not fully funded by the federal government. Recruitment, preparation and support of adoptive families require staff and financial resources to support them from state and local jurisdictions as well.

In addition to being concerned about expeditious adoptions, Congress must ensure the continuation of financial assistance through the individual entitlements available under Title IV-E Adoption Assistance for children with special emotional, physical and developmental needs. Without these subsidies, many families could not afford the medical and therapeutic needs of these children and an expeditious termination of parental rights would lead instead to legal orphans relegated to childhood in foster care.

In my earlier testimony before the Subcommittee on Oversight, I asked that the members consider the effects of block grants of AFDC on our child welfare system and foster care in particular, especially when we consider the intimate relationship between the economic well-being and economic opportunities of families and the reporting of child abuse and neglect. Needless to say, I still maintain that this relationship exists and that the combination of a welfare reform block grant and a child welfare block grant would result in countless numbers of children entering the foster care system, while only having a capped block grant to pay for their care.

Congress cannot afford to block grant the Adoption Assistance program and the Foster Care program. Like the relationship between AFDC block grants and child welfare block grants, block granting both or even only one of these programs will result in a "bottle-neck" in the other. Block granting both will result in a monolithic foster care system with a large entry and no exit.

Child welfare programs instead represent a continuum, a system of care and services which demands basic national standards such as those contained in existing law. These systems and services must accommodate a full range of programs to meet varied needs of children of all ages and families in trouble. They need the high level of flexibility already available under current law, as I have illustrated in describing our adoption program and our family preservation approach; and they need uniform national standards. Most significantly, they need the ability to respond to increased, urgent demands for services based upon a funding formula which is caseload driven so that resources increase with need.

**Recommendations for Needed Reforms:**

Family preservation and adoption are not oppositional within the child welfare services continuum. Instead, they complement each other by providing resources for children in differing situations. While we should begin by accepting the concept that families should be preserved, our first obligation remains that of child safety.

Within this context, I would suggest the following reforms for your consideration.

- First, eligibility for federal participation in foster care and adoption assistance payments should not be contingent on eligibility for cash payments under AFDC. Whether or not a parent meets the technical qualifications for AFDC is irrelevant to a child's need for protection from abuse, or his or her need for an adoption subsidy. This eligibility determination is, in fact, an example of a bureaucratic procedure that wastes administrative resources. In my capacity as an administrator of this program, I am required to intercede on behalf of any abused or neglected child. These eligibility determinations do not enhance my ability to protect children or place them for adoption, and merely require an expenditure of dollars that could be better used for direct services to children. State and local governments will realize substantial savings from their elimination. This change can be made cost-neutral to the federal government by changing the federal-state sharing ratio.

- Second, state and local governments should be permitted to spend a portion of the money allocated to them to pay for out-of-home care for early intervention programs. In California, counties are permitted to reallocate placement dollars to family preservation services. This ultimately results in cost savings for all levels of government as well as improved services to children and families.

- Although I know that this idea may be currently unfashionable, performance standards for child protection that relate to health and safety should be strengthened. States should be required to meet certain minimal safety and protection standards for children in their care.

- Finally, we would support federal standards for expeditious adoptions such as those contained in California law. This is an appropriate federal role and would assure consistency from state-to-state and for all children in this country in need of such intervention.

In conclusion, I want to thank you again for giving me the opportunity to offer my statement to you on this most critical issue. You have it in your power to strengthen our nation's ability to protect children. I am in awe of the magnitude of the decisions you must make since they will affect the lives, health and safety of millions of children. These decisions will profoundly affect my ability and that of my colleagues to carry out our responsibility to protect children from harm.

STATEMENT OF THE MARYLAND FOSTER CARE REVIEW BOARD

TO THE UNITED STATES HOUSE WAYS AND MEANS
SUBCOMMITTEE ON HUMAN RESOURCES

REGARDING FEDERAL ADOPTION POLICY

May 10, 1995

There are 63 local citizen review boards, appointed by the Governor, operating in Maryland to protect children from the dangers of lingering in foster care and to promote the expeditious placement of these children in permanent homes. Nearly 400 citizens volunteer to attend monthly meetings in which they review about 1,000 children's cases per month. In addition, board members advocate at both the local and State levels for reforms in law, administration, and court process which will facilitate permanence. A fuller description of the Maryland citizen review program is attached.

The deep involvement of 400 citizens in Maryland's foster care program provides a massive dose of common sense which cuts through rhetoric and bureaucratic smoke screens in order to assure that programs actually work as intended. Our board members include educators, foster and adoptive parents, mental health professionals, social workers, and former foster children. We develop both case and policy recommendations based on real-life background knowledge, program knowledge gained through conducting many reviews, and training provided by our staff. We are independent, and our only concern is the best interests of children.

Good Family Preservation Programs Do Work

We have been the earliest and principal advocates for both family preservation programs and for expediting adoption for children waiting in foster care.

We have seen evidence that "even families that have abused or neglected their children . . . can recover enough to provide a safe environment for their children if parents are provided intense assistance. . . ." We have worked with the legislative and executive branches in Maryland to fund family preservation adequately and to fashion reasonable policies for its implementation. After implementation of interagency family preservation program and of the *Families Now!* program in the Department of Human Resources, we have seen the number of children entering foster care fall (see attached charts).

Because of the urgent need of the child for a permanent family situation, family preservation should be of limited duration. The critics who argue that *some* "social workers and courts go too far to preserve the rights of biological parents" are 100 percent correct. However, it is not true that "the upshot [of family preservation policy] is . . . a number of barriers to adoption." All the barriers to adoption have been in place for decades.

[NOTE: All charts are from the Families Now Annual Report, FY1994, Maryland Department of Human Resources]

The struggle should not be between advocates of family preservation and advocates of adoption. The struggle is to achieve good practice in children's best interests rather than bureaucratic, legalistic delay.

Our philosophy is that permanency is the child's moral right. In our view, family preservation is the *child's right.* A parent who has abused or neglected a child should have right to due process, but the ultimate, permanent placement of the child should turn on the child's best interests. Likewise, adoption is the child's moral right. There can be no rigid rules such as: after 18 months in foster care, the child should be adopted. What about an older child who treasures her ties to her parent who is incarcerated for 30 months? If common sense reigns and not ideology, it is immediately apparent that decisions must be made on a case-by-case basis. The difficult part of social work and legal practice is weighing all the factors which bear on the question: *what really is in the child's best interests*?

Until we have better-trained social workers, better child welfare management (including modern computer systems), lower caseloads, and judges who have knowledge of and interest in family law, practice will be less than excellent.

Barriers to Adoption

We see many instances in which caseworkers hold on to the goal of family reunification too long. Part of the problem is the *lack of family preservation services (FPS).* As stated above, FPS should usually be intense and of limited duration. In the foster care system, it is rare that reunification efforts are intense. Because agencies know in many cases that they have not provided required reunification services to the parents, they are reluctant to move forward with adoption.

There are many other reasons why the plan of reunification continues too long:
- poor training of caseworkers
- rigid thinking
- lack of adequate supervision and management systems
- avoidance of responsibility for making a grave decision
- high caseloads or other barriers to preparing the necessary and voluminous paperwork involved with adoption.

The second major barrier to adoption is that child welfare agencies may lack access to the legal representation resources needed to pursue a case of termination of parental rights (TPR). While federal and state governments consider foster care maintenance payments an entitlement, essential legal representation resources for agencies, parents, and children are usually under-funded.

A very important barrier is judicial practice. Judges should be using the federally-mandated court reviews to impart a sense of urgency to permanency planning decision-making. Instead, in all too many cases, judges are content to continue foster care and let cases drag on with docketing delays and continuances. This practice avoids getting any adults angry: the parents are mollified, the agency is relieved not to have deadlines, the child's attorney is too overwhelmed with cases to notice, and the child is utterly powerless.

Reasons why courts fall into this pattern include:
- they are overwhelmed with cases
- they do not understand the urgency of the child's need for permanence
- court data systems are antiquated.

In Maryland a further confounding factor is that two different courts handle foster care and TPR cases.

An overarching judicial barrier to adoption lies in our legacy of common and Constitutional law. The Supreme Court has ruled very clearly that parents have a right to rear their children. State interference with this right is permitted in the child's best interest; however, termination of parental rights requires clear and convincing evidence and is considered a drastic step.

*The child has no countervailing rights at the Constitutional level.* The Court ruled in *Santosky vs. Kramer* that a TPR case is between the State and the parents and the child's rights are not at issue. The parents' rights must be respected in a TPR case without question. Judges tolerate no doubt about efforts to locate missing parents and bend over backwards to assure them due process. The child's right to a safe, stable home is only statutory.

Furthermore, Court workloads conspire against children stuck in foster care. Accused criminals have a Constitutional right to speedy trial. Through statue, this right is operationalized through a 180-day time limit. The child has no comparable right to a speedy or urgent resolution of custody dispute.

If Congress truly wants to alleviate barriers to adoption, it needs to consider a Constitutional amendment such as the following:

> In any legal proceeding involving custody or placement, the child's need for safety, stability, and continuity of relationships shall be given due consideration and the child's right to urgent resolution of the matter shall be respected. States and federal courts shall adapt judicial procedures accordingly.
>
> The Congress shall have power to enforce this article by appropriate legislation.

This proposed amendment does not seek to elevate the child's rights above the parents', but only to create an equality of rights. In the present situation, children's interests are subordinated not only to their parents but to accused criminals and other with a higher claim on scarce court time.

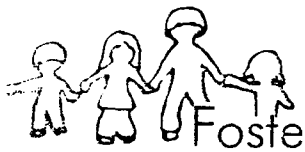
Citizen Review Expedites Adoption

In Maryland, we citizen reviewers have improved the adoption process through case advocacy, administrative reform, and legislation.

In 1986, departments of social services took an average of 30 months after a child entered foster care to make the decision to change the permanency plan to adoption. In

1994, this figure has fallen to 22 months. We believe the figure should be 12 months and are working hard to achieve further reductions.

In 1987, 265 children in foster care were adopted. They had been in foster care an average of 69 months. In 1994, 378 children were adopted after an average stay in foster care of 42 months. We are not satisfied, but we know we made a difference for almost 400 children in one year.



# Foster Care Review Board

## MARYLAND'S FCRB PROGRAM

Sixty-three (63) local review boards, each with seven members appointed by the Governor, form the citizen review network in Maryland. Ten of the 11 members of the statewide governing board are elected from among the local review board members on a regional basis. Funding and certain administrative supports come from the Department of Human Resources, the statewide umbrella agency for social services.

With all the burdens on the judicial and foster care systems, it is all too easy for the complex work of family reunification, adoption, and preparation for independent living to be overlooked. Citizen review assures that permanency receives its share of time and attention and offers the following advantages:

**Increased achievement of permanency plans and reduced length of stay**

- Computerized database enables the most sophisticated statistical analysis available on Maryland foster children. Examples are attached; more detailed information is available upon request.
- Four out of five Maryland children who leave foster care return to parents, are placed with relatives who assume legal responsibility, or are adopted. Fewer than one in five re-enter foster care within 18 months of leaving placement. Before the implementation of review boards, these statistics could not even be measured.
- Since inception of FCRB, average length of stay has been reduced from over four years to slightly over two years, even in very difficult circumstances created by increasing unemployment, poverty, family violence, and substance abuse.
- Following initiation of our structured monitoring procedure and legal reforms, the number of foster children adopted rose 50% and the average time from entry into foster care to adoption fell from 69 to 38 months.
- ***An increase in the average length of stay of <u>one month</u> increases total foster care costs by $5 million, five times the FCRB budget.***

**An efficient process which promotes compliance with federal IV-B mandates for periodic case review.**

- About 1,000 reviews are conducted each month at a cost of less than $80 each.

MARYLAND CITIZEN BOARD FOR REVIEW OF FOSTER CARE OF CHILDREN
311 West Saratoga Street, 1st. Floor • Baltimore, Maryland 21201-3521 • (410) 767-7794

- Staff productivity (measured as reviews per inflation-adjusted dollar) increased by 60% between fiscal years 1989 and 1995.

**An objective, credible case review system with a clear focus on permanence**

- Citizens undergo intensive two-day initial training plus on-going training.
- Citizens hold social services workers accountable for setting appropriate permanency goals for children and actively working to achieve those goals.
- Citizens hold courts, legal agencies, placement agencies, and other community service agencies accountable for meeting the needs of children and families.
- FCRB establishes a grassroots network of citizens who know and care about vulnerable children and who help to build community support for child welfare programs. Nearly 400 citizen reviewers contribute over 20,000 hours per year.

**Effective child and family advocacy**

- Citizen board members across the State have working relationships with cabinet secretaries and legislators in leadership and on key committees. Citizens are viewed as impartial and believable.
- FCRB provides leadership on key issues such as:
  - ◆ inter-departmental coordination and pooled funding,
  - ◆ legal representation for parties in foster care cases,
  - ◆ family preservation,
  - ◆ foster care,
  - ◆ termination of parental rights and adoption.

  FCRB initiated or supported many landmark bills and follows up to assure implementation.
- FCRB successfully supported numerous budget requests for social services and judicial personnel. In 1981, we initiated a doubling of the adoption program staff. We led the fight for 122 new casework staff to reduce caseloads in 1992 and 50 new staff in 1995.
- Citizen board members and FCRB staff founded the Maryland Friends of Foster Children Foundation.

For more information, contact Charlie Cooper, (410) 767-7781.

# Children Entering Foster Care
## FY 1988 - 1994

- *Since FY 1987, entries into foster care have increased dramatically across the country, most notably in large urban areas.*

- *Given national trends in the foster care population, one would have expected an accelerated rate of growth in the number of foster care entries in Maryland.*

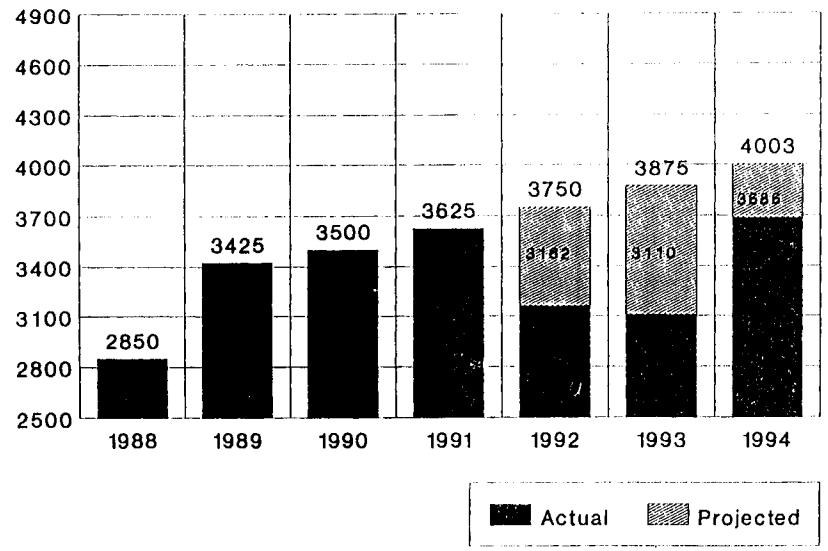
- *Entries into foster care did increase steadily from FY 1988 through FY 1991, especially in Baltimore City.*

- *In FY 1992 and FY 1993, the first two years of FN implementation, however, we saw significant decreases in entries into foster care.*

- *The number of entries into foster care in FY 1994 was 317 children below the earlier projection based on the previous rate of growth.*

- *The difference between actual and projected entries would have been even greater if relative caregivers were not applying to become approved foster parents in ever increasing numbers. Conversion of those children from Services to Extended Families with Children to Foster Care status has artificially inflated the growth in both foster care entries and the total paid Foster Care population. (See pages 15-16)*

## Children Entering Foster Care
## Fiscal 1988-1994




Source: '93 FN Status Report (FY88-93); 7/94 AMF/CIS (94)

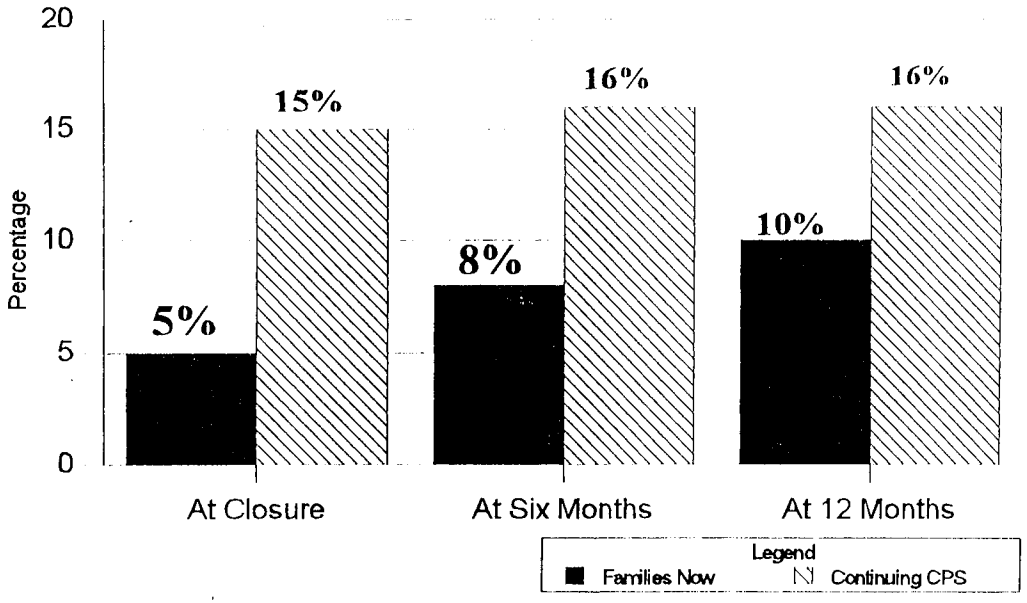
# *Foster Care Placements After CPS Versus Families Now Services*

- *Families whose children are at greatest risk of out-of-home placement receive services through Families Now.*
- *Those served through Continuing Child Protective Services have a lesser degree of risk.*
- *One would expect a higher out-of-home placement rate among families served through Families Now.*
- *This figure compares foster care placement outcomes for children who received services and were closed during FY 1993 by Families Now and by Continuing Child Protective Services.*
- *The placement rate was significantly higher for children served in Continuing CPS for each of the three points in time which were examined.*

| | Families Now Levels I - III | Continuing Child Protective Services |
|---|---|---|
| Total Children Served | 1,311 | 8,563 |
| Placed at Closure | 72 (5%) | 1,316 (15%) |
| Placed at 6th Month | 101 (8%) | 1,334 (16%) |
| Placed at 12th Month | 134 (10%) | 1,393 (16%) |

# Foster Care Placements

## After CPS versus Families Now Service




SOURCE: PK Outcome Data, AMF/CIS 10/94

THE NATIONAL ASSOCIATION OF FOSTER CARE REVIEWERS

**CITIZEN REVIEW = EXPEDITED ADOPTIONS**

HONORABLE CONGRESSPEOPLE:

I AM CORINNE DRIVER, UNSALARIED EXECUTIVE DIRECTOR OF THE NATIONAL ASSOCIATION OF FOSTER CARE REVIEWERS. THIS TESTIMONY RECOMMENDS THAT FEDERAL LAW AND STATE'S ADOPTION PRACTICES SHOULD INCORPORATE PERIODIC CITIZEN REVIEW OF ALL CHILDREN WHO HAVE BEEN IN PLACEMENT FOR MORE THAN SIX MONTHS.

TO REQUIRE CITIZEN REVIEW IS TO ACKNOWLEDGE SHARED RESPONSIBILITY BETWEEN GOVERNMENT AND CITIZENS. IT RECOGNIZES VOLUNTEER POWER AS A PERSONNEL RESOURCE AND IT ACKNOWLEDGES CITIZEN REVIEW AS A COST EFFECTIVE MECHANISM WHICH HAS BEEN PROVEN IN MANY STATES TO SAVE FOSTER CARE DOLLARS.

THIS TESTIMONY RECOMMENDS THAT CITIZENS SHOULD BE ALLOWED TO WORK AND VOLUNTEER ON BEHALF OF THE CHILDREN THEIR TAX DOLLARS SUPPORT AND TO HELP EXPEDITE THOSE CHILDREN OUT OF THE TAX SUPPORTED SYSTEM EITHER BACK HOME OR INTO AN ADOPTIVE SETTING. STUDIES HAVE PROVEN THAT MORE CHILDREN IN PLACEMENT ARE ADOPTED AND MORE CHILDREN ARE ADOPTED SOONER WHEN THEY ARE REVIEWED PERIODICALLY BY CITIZEN REVIEW BOARDS.

**CITIZEN REVIEW OF CHILDREN IN PLACEMENT**
**IS AN EXISTING**
**DEDICATED VOLUNTEER EFFORT**
**PROVEN TO BE A**
**COST EFFECTIVE ACCOUNTABILITY MECHANISM**
**THAT SAVES STATES FOSTER CARE DOLLARS.**

**STUDIES PROVE THAT CITIZEN REVIEW BOARDS EXPEDITE ADOPTIONS.**

OFTEN, CHILDREN LANGUISH IN FOSTER CARE BECAUSE THEY HAVE TO WAIT FOR THEIR PARENTS TO BEHAVE IN SPECIFIC WAYS, SPELLED OUT IN THE CASE PLAN OR COURT ORDER. MANY TIMES REALITY AND THE BEST INTEREST OF THOSE CHILDREN REQUIRES A CHANGE OF GOAL FROM FAMILY REUNIFICATION TO ADOPTION. CITIZEN REVIEW BOARDS OFTEN FORCE THIS ISSUE, PARTICULARLY WHERE AGENCY POLICY ACTS AS A RESTRAINT, FOR EXAMPLE THAT CASEWORKERS SHOULD NOT CONSIDER ADOPTION WITHOUT GREAT EFFORT TOWARD REUNIFICATION, EVEN IF, FOR EXAMPLE, ALL SIBLINGS HAVE BEEN REMOVED FROM A HOME WITH A LONG HISTORY OF DYSFUNCTION.

JUDGES AS WELL AS CASEWORKERS ARE NUDGED OR FEEL MORE

COMFORTABLE IN GRANTING TERMINATION OF PARENTAL RIGHTS WHEN THEY KNOW THAT FIVE CITIZENS, AFTER MUCH DELIBERATION, RECOMMEND ADOPTION TO BE IN THE BEST INTEREST OF THE CHILD. THOSE RECOMMENDATIONS BECOME PART OF THE COURT RECORD AND ARE USED AS DOCUMENTATION IN MANY TERMINATION OF PARENTAL RIGHTS (TPR) ACTIONS.

CITIZEN REVIEWERS VOLUNTEER ON BEHALF OF THE BEST INTEREST OF THE CHILD AND IN THE BELIEF THAT EVERY CHILD SHOULD GROW UP IN A SAFE, PERMANENT HOME. REFRESHINGLY, BECAUSE THEY ARE INDEPENDENTLY APPOINTED, USUALLY BY THE COURT, REVIEWERS ARE FREE TO MAKE RECOMMENDATIONS ON BEHALF OF CHILDREN WITHOUT CONCERN OF ALIENATING A SUPERVISOR OR BEING OVERTURNED BY AN APPELLATE COURT. THE SOCIO-ECONOMIC, CULTURAL AND ETHNIC MAKE UP OF REVIEW BOARDS, AND THE INTENSE FOCUS ON THE BEST INTEREST OF THE CHILD HAVE WORKED REMARKABLY IN CITIZEN REVIEWS. THE MIX IS PARTICULARLY HELPFUL IN CASES WHERE LENGTH OF TIME IN CARE AND POOR CASE PROGRESS MAKE IT CLEAR THE BOARDS DELIBERATIONS SHOULD FOCUS ON CHANGING A CASE GOAL TO CUSTODIAL KINSHIP CARE OR ADOPTION. SUCH RECOMMENDATIONS DO NOT COME LIGHTLY BUT THEY HAVE RESULTED IN MANY CASEWORKERS ACKNOWLEDGING THAT IT IS TIME TO LOOK TOWARD ADOPTION. MANY CHILDREN ARE ADOPTED NOW BECAUSE OF THE URGING OF CITIZEN REVIEW BOARDS.

EVEN WHEN A REVIEW BOARD RECOMMENDATION IS IGNORED AT FIRST, THE FACT THAT A REVIEW BOARD AT SUBSEQUENT REVIEWS CONSISTENTLY RECOMMENDS ADOPTION FOR A CHILD, HAS PROVEN TO ADD REINFORCEMENT TO GET THE ADOPTION PROCESS MOVING BY BOTH CASEWORKERS AND JUDGES.

**CITIZEN REVIEW IMPACTS THE ADOPTION SYSTEM AND EXPEDITES ADOPTIONS.**

EXAMPLES

**※※ THREE SEPARATE NEBRASKA STUDIES DOCUMENTED THAT CHILDREN MONITORED BY REVIEW BOARDS WERE NEARLY TWICE AS LIKELY TO ACHIEVE ADOPTION THAN CHILDREN WITHOUT CITIZEN REVIEW BOARDS!**

**CITIZEN REVIEWERS GENERATE PRESSURE TO ACHIEVE THE ADOPTION.**

**※※ A KANSAS STUDY INDICATED THAT COURT CONTINENCES OF CASES FOR CHILDREN WITH CITIZEN REVIEW BOARDS WERE REDUCED BY TWO THIRDS!**

JUDGES HAVE PROVEN SENSITIVE TO THE FACT THAT REVIEW BOARDS IN EFFECT WATCH JUDGES' RULINGS. JUDGES KNOW THAT REVIEWERS

ARE KEENLY AWARE OF THE COURT DELAYS EXPERIENCED BY THE CHILDREN THEY REVIEW, OFTEN DELAYS CAUSED BY THE COURTS. CITIZEN REVIEW BOARD INTERACTION WITH THE ADOPTION SYSTEM IS DEMONSTRATED BY CITIZEN REVIEW ANNUAL REPORTS. (Reports are not appended with this testimony but I will be glad to forward any annual reports you request.)

I RESPECTFULLY URGE THE WAYS AND MEANS COMMITTEE TO **RECOGNIZE** THE VALUE OF **CITIZEN REVIEW AS IT RELATES TO ADOPTION BY REQUIRING EACH STATE TO CREATE INDEPENDENT CITIZEN REVIEW BOARDS TO REVIEW ALL CHILDREN WHO HAVE BEEN IN PLACEMENT FOR LONGER THAN SIX MONTHS.** REVIEW BOARDS SHOULD REVIEW PERIODICALLY, ALL CHILDREN FOR WHOM THE GOAL IS ADOPTION TO MONITOR THE PROGRESS TOWARD FINALIZATION. REVIEW BOARDS SHOULD REVIEW PERIODICALLY, ALL CHILDREN WHO HAVE BEEN IN PLACEMENT FOR MORE THAN SIX MONTHS TO DETERMINE IF THE GOAL SHOULD BE CHANGED TO ADOPTION.

**THE SOCIAL SERVICE SYSTEM AND THE COURTS, BY HOARDING RESPONSIBILITY FOR CHILDREN REMOVED FROM THEIR HOMES, HAVE INADVERTENTLY REMOVED SOCIAL RESPONSIBILITY AND CONSCIENCE FROM THE TAXPAYING CITIZEN.**

WHEN THE STATE ASSUMES THE ROLE OF PARENT, TAXPAYING CITIZENS BECOME PARENTS BY PROXY. THIS FACT MAKES CITIZEN REVIEW OF CHILDREN IN PLACEMENT A TAXPAYER'S PEROGATIVE AND SHOULD BE AS BASIC AS PAYING TAXES. CITIZENS SHOULD BE ALLOWED TO HELP OTHER CITIZENS. BY PAYING TAXES CITIZENS DO NOT ABDICATE TO TAX SUPPORTED PUBLIC SYSTEMS, PERSONAL RESPONSIBILITY FOR THEIR COMMUNITY AND THEIR NEIGHBORS.

GOVERNMENT IN ROLE OF PARENT SHOULD NOT CONFINE DECISIONS FOR A CHILD TO A CASEWORKER, A SUPERVISOR AND A JUDGE. STATES OWE WAITING CHILDREN THE INVOLVEMENT OF CARING CITIZENS WHO CAN BRIDGE PUBLIC SYSTEMS, AND, IF NECESSARY, BRING PRESSURE TO BEAR ON BUREAUCRATIC POLICIES AND TIMID DECISION MAKERS.

**CAPITALIZE ON CITIZEN REVIEW BOARD DATA BY USING IT AS A BASE OF INFORMATION FOR CITIZEN REVIEW PANELS AS DEFINED IN HR.4.**

I FURTHER URGE YOU TO LINK REVIEW BOARDS FOR CHILDREN IN PLACEMENT TO THE CITIZEN REVIEW PANELS IN HR4. WHAT BETTER WAY TO ASSURE THAT STATE CITIZEN REVIEW PANELS HAVE UNBIASED DATA THAN ASSURING THAT THE DATA COLLECTED BY INDEPENDENT CITIZEN REVIEW BOARDS IS UTILIZED AS A BASE OF INFORMATION FOR THE STATE CITIZEN REVIEW PANELS WHO ARE CHARGED TO

THE NATIONAL ASSOCIATION OF FOSTER CARE REVIEWERS

EXAMINE AND REPORT ON STATE'S CHILD PROTECTION ACHIEVEMENTS.

**CITIZEN REVIEW EXISTS IN SOME FORM IN OVER HALF THE STATES.**

WHEREVER IT EXISTS **CITIZEN REVIEW IS COST EFFECTIVE, POWERED 90% BY VOLUNTEER EFFORT** AND SUPPORTED BY SMALL DEDICATED STAFFS.

**INDEPENDENCE FROM VESTED INTEREST IS AXIOMATIC TO EFFECTIVE CITIZEN REVIEW.**

THE FACT THAT CITIZEN REVIEWERS HAVE BEEN APPOINTED BY A COURT OR SOMEONE OUTSIDE THE REVIEWED AGENCY AND ARE NOT BEHOLDEN TO ANYONE IN THE SYSTEM, AND THE FACT THAT THEY DO NOT RECEIVE A PAY CHECK GIVES REVIEW BOARDS TREMENDOUS CLOUT AS A PRESSURE ON THE SYSTEM.

SOME BASIC ELEMENTS ARE NECESSARY TO CAPITALIZE ON VOLUNTEER POWER WHETHER IT IS FUND RAISING FOR THE ALMA MATER OR SELLING GIRL SCOUT COOKIES. CITIZEN REVIEW BOARDS ARE NO EXCEPTION. THE BASICS ARE:

GOOD RECRUITMENT
GOOD TRAINING
GOOD LEADERSHIP
HIGH STANDARDS
QUALITY CONTROL
ADEQUATE, APPROPRIATE STAFF

IF THEY ARE TO BE EFFECTIVE, CITIZEN REVIEW BOARDS MUST BE SUPPORTED BY STAFF WHO ARE FREE FROM CONTROLS FROM WITHIN THE SYSTEM, ARE RESPONSIBLE TO THE REVIEW BOARDS AND HAVE ENOUGH RESOURCES CARRY OUT THEIR MISSION.

**HOW IS IT POSSIBLE TO REVIEW 450,000 CHILDREN?**
**WHAT WILL IT COST?**

**IN 1992, 3,500 VOLUNTEERS REVIEWED 50,000 CHILDREN.**

**THERE HAS NOT BEEN A RECENT SURVEY BUT MORE STATES HAVE ENACTED CITIZEN REVIEW BOARD LEGISLATION SINCE THAT TIME.**

**NO STATE THAT REVIEWS EVERY FOSTER CHILD, HAS AN ANNUAL BUDGET OVER $1,250,000.**

**FINANCIAL IMPLICATIONS**

**IT IS ANTICIPATED THAT MOST STATES WILL EFFECTIVELY**

THE NATIONAL ASSOCIATION OF FOSTER CARE REVIEWERS

IMPLEMENT AND MAINTAIN A CITIZEN REVIEW BOARD SYSTEM, INCLUDING STATE PANELS CALLED FOR IN HR4, FOR UNDER $1,500,000. THE COST TO THE LARGEST STATES WITH CHILD WELFARE POPULATIONS UPWARDS OF FORTY THOUSAND COULD BE AS MUCH AS $5,000,000. THE VALUE OF VOLUNTEER HOURS DONATED WILL FAR EXCEED THESE FIGURES. AS DOCUMENTED IN SOME STATES WITH CITIZEN REVIEW SYSTEMS, STATES WILL SAVE MILLIONS OF DOLLARS IN REDUCED COURT TIME, REDUCED SIZE OF THE FOSTER CARE CASELOAD, AND INCREASED EFFECTIVENESS IN CASE PLANNING AND SERVICE DELIVERY.

A FEDERAL ALLOCATION OF NO MORE THAN $5,000,000 TO AN INDEPENDENT NATIONAL ORGANIZATION WILL ASSURE LEADERSHIP, QUALITY CONTROL AND DATA COLLECTION. DATA COLLECTED BY REVIEW BOARDS WILL BE THE BASIS FOR CITIZEN REVIEW PANEL PUBLIC REPORTS AND WILL PROVIDE IMPORTANT, UNBIASED DOCUMENTATION REGARDING THE MOVEMENT OF CHILDREN THROUGH THE ADOPTION SYSTEM.

I URGE YOU TO ENACT LEGISLATION THAT WILL HELP CHILDREN GET ADOPTED MORE EXPEDITIOUSLY BY REQUIRING STATES TO ESTABLISH CITIZEN REVIEW BOARDS THAT WILL REVIEW PERIODICALLY ALL CHILDREN WHO HAVE BEEN IN PLACEMENT FOR SIX MONTHS.

LET CITIZENS HELP EXPEDITE ADOPTIONS.

*Statement Submitted By The*

## NATIONAL ASSOCIATION OF SOCIAL WORKERS

**Social Work Practice and Child Welfare Services:**
**Family Preservation, Foster Care, Adoption Services**

On behalf of the National Association of Social Workers (NASW) and its 155,000 members, I would like to thank Chairman E. Clay Shaw, Jr., and the members of the Subcommittee on Human Resources of the Committee on Ways and Means for the opportunity to submit a written statement for consideration by the Subcommittee and for inclusion in the printed record of the hearing. NASW, the world's largest professional social work organization, is most pleased with the Chairman's interest in family programs that produce good results for our nation's children.

Introduction

Child welfare services are among the nation's most important social service programs for children and families. These services include family support programs that provide prevention and treatment services for abused and neglected children, foster care, family preservation, and adoption services. Child welfare services and each of its component service programs need to be delivered by staff members with the necessary educational qualifications, experience and in-service training. Service provision can only be effective when service providers possess the necessary academic training, knowledge, skills, and experience, and thus, are competent to handle complex situations and determine appropriate interventions that maximize positive outcomes for children and their families.

NASW Position

The National Association of Social Workers contends that a baccalaureate or graduate degree from a social work program accredited by the Council on Social Work Education is a prerequisite to the provision of effective child welfare services. A number of research studies (Lieberman, Hornby, and Russell, 1988; Booz-Allen and Hamilton, Inc., 1987; Teare, 1987) provide evidence that supports the value of social work training for child welfare practice. Despite such evidence, two studies (Lieberman, et al., 1988; Shyne and Schroeder, 1978), conducted ten years apart, found that only 28 percent of the child welfare staff had a bachelor of social work degree (15 percent) or a master of social work degree (13 percent). Both studies indicate that little progress has been made in the past 2 decades in professionalizing child welfare services. Thus, *service provision that is characterized as "social work practice" is often provided by someone other than a professionally trained social worker*.

The lack of trained social workers has implications for service quality. This is particularly the case when specialized expertise is indicated. The more highly educated, more skilled, and experienced social worker should conduct the assessment and handle difficult and complex situations (e.g., *the decision to preserve or terminate parental rights*). The less highly trained professional (i.e., a social worker with a bachelor of social work [BSW] degree) should perform more routine tasks under supervision. In either case, without the appropriate social work credentials and experience, the competency of the provider and his/her concomitant decisions and actions are subject to question.

An additional barrier to the recruitment and retention of professionally trained staff has resulted from the recent passage of H.R. 4, the Child Protection Block Grant. H.R.4 eliminates the existing Child Welfare Training Programs under Titles IV-E and IV-B of the Social Security Act. Schools of social work are key providers of Child Welfare Training under Titles IV-E and Title IV-B. Title IV-E funds have assisted schools in delivering training and research services to public agencies. Training is given to staff in foster care, adoption assistance, and independent living programs. Agencies have used Title IV-E funds to provide their workers with stipends to attend schools of social work for further education and training. There is an inherent contradiction between the desired service outcomes and the elimination of training programs that build the skills and qualifications of child welfare service providers.

Legislative Mandates and Family Preservation Services

The Adoption Assistance and Child Welfare Reform Act of 1980 (P.L. 96-272) mandates that a number of program reforms be implemented in child welfare, including "earnest and persistent efforts" to provide children with preventive services before they are placed. Societal intervention into the parent-child relationship is an extremely serious action, which should be pursued only when the child's right to a safe, secure, and nurturing home is seriously threatened. Services should be provided with sensitivity, professional skill, regard for the legal rights of the parties involved, and a sense of the limitations and potential outcomes of such an intervention. The termination of parental rights, whether voluntary or involuntary, should never be undertaken lightly. Providing the family preservation services necessary under this act requires supervisors with a master of social work degree and a high proportion of professionally trained workers.

Enactment of a new Subpart 2 to Title IV-B of the Social Security Act (Omnibus Budget Reconciliation Act of 1993) places additional emphasis on (1) preventing the unnecessary separation of children from their families; (2) improving the quality of care and services to children and their families; and (3) ensuring permanency for children through reunification with parents, through adoption, or through another permanent living arrangement. States are provided with new federal dollars for preventive services (family support services) and services to families at risk or in crisis (family preservation services). In complying with the law, family preservation services are designed and implemented to help families alleviate crises

that might lead to out-of-home placement of children, maintain the safety of children in their own homes, support families preparing to reunify or adopt, and assist families in obtaining services and other supports necessary to address their multiple needs in a culturally sensitive manner. Nonetheless, if a child cannot be protected from harm without placement, or the family does not have adequate strengths on which to build, family preservation services are not appropriate. Once again, the knowledge, skills, and experience of the service provider is crucial in making this determination.

The evaluative research on family preservation programs consistently reports success on a limited number of measures, such as preventing the placement of children and short-term improvement in family functioning (Bath and Haapala, 1993). Despite the equivocal evidence of long-term effectiveness, family preservation services are currently believed to be a cost-effective alternative to many children's institutionalization or foster care placement. The projected state savings of successful family-based services are estimated to be $27,000 in foster care placement and administrative costs alone (Daro, 1988). And again, the legislation requires that child welfare and social service agencies provide permanent homes or use the least restrictive settings for children and encourages the use of family preservation programs.

Demographics of the Foster Care Population and the Adoption of Children

Finally, in considering the demographics of the foster care population and the adoption of children in out-of home placements, the case can be made that the preponderance of children in "limbo" in the foster care system are older, multi-problem children, and thus, are more challenging to place as they are deemed "undesirable". It is the characteristics of these children that result in protracted placements in the foster care system rather than the implementation of family preservation services and the failure of social workers and courts to terminate parental rights.

Detailed information on children in out-of home placements is currently limited. Estimates of the number of children in foster care are primarily based on data collected through the American Public Welfare Association's Voluntary Cooperative Information System (VCIS), which was established in 1982. Most states have cooperated with this voluntary data collection system. Despite certain limitations in the data, the VCIS provides a rough estimate of national trends.

The American Public Welfare Association (1993) estimated that in 1992 there were 442,000 children in out-of home care, up from 280,000 children in 1986. In 1990, approximately 119,000 children were adopted in the United States (Flango & Flango, 1993), and *each year there are approximately 20,000 children in foster care who are free for adoption but are awaiting adoptive placement* (Tatara, 1993). From 1982 to 1988 about one-fifth (20 percent) of the children in foster care had one or more disabling conditions (Tatara and Pettiford, 1990). In 1990, approximately 30 percent of the foster care population was between the ages of 13 and 18 years (Tatara, 1993).

Summary

> "The child welfare service system is an amalgam of programs. The outcomes of efforts to prevent out-of-home placements, to reunify families, and to provide long-term care all depend on the quality of programs that have previously worked with children. Each program must work if the other programs are to do what they are intended for. If older children in the child welfare system are not adopted or able to stay adopted, then the rationale for moving quickly to terminate the rights of birth parents (after a determination that children cannot go home) is weakened. Indeed, even the pressure to leave children in or return them to unsafe birth families is intensified when permanent adoptive homes are unavailable..." (Barth in NASW Social Work Encyclopedia, 19th Edition, p.57).

Before a rational assessment of the federal adoption policy can be undertaken and subsequent changes are made to this policy, assurance must be given to the provision of quality services. The only way an objective analysis of these services can be conducted is with the full employment of competent professional social workers as providers of child welfare services. Only then can we provide the continuum of coordinated and integrated, culturally relevant, child-centered, family-focused services that the nation's children and families deserve.

Again, the National Association of Social Workers would like to thank the Subcommittee on Human Resources for its attention to this critical issue.

Sheldon R. Goldstein, ACSW, LISW
Executive Director
National Association of Social Workers

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To: Hon. E. Clay Shaw 5/7/95
From: Barbara Bryan, child/family advocate
Re: FOR USE AT 5/10/95 federal adoption policy hearing

**ADOPTION IS A FRIGHTENING OPTION** WHEN "BEST INTERESTS" MASK AGENCY FINANCIAL INTEREST UNDER COLOR OF LAW

PROBLEM: While some think "foster care limbo" is the worst fate of an "abused/neglected" child; worse is mis-labeling **(mistaken or malicious CPS reports)** which set in motion "removals," "terminations" and a too-fast race to "permanency" for hopeful adoptive couples rather than often innocent but eventually indigent families.

**IF YOUR PANEL DOES NOT INCLUDE A FULL TABLE OF FAMILIES WHO SUFFERED FALSE ABUSE/NEGLECT REPORTS RESULTING IN FAMILY MEMBERS BECOMING "LEGAL STRANGERS" TO EACH OTHER, YOU WILL HAVE CHEATED YOURSELVES AND FAILED TO ILLUSTRATE THE WHOLE TRUTH OF PERVERTED "permanency planning."**

Four simple legal precautions could equalize "opportunity":

1. Enact severe **penalties for creating duplicate names and social security** numbers prior to "terminations."

   (Unknown--surely on purpose--to HHS/OIG auditors is the number of times children are taken from fairly remarkable families (with other relatives available), instantly put into pre-adoptive homes, and, despite impressive "documentation" to the contrary, NEVER, EVER ON A REUNIFICATION TRACK.

   Double billing for these children under both numbers is not a unique practice. Texas AG, as you know, turned up CPS and mental health double billings not so long ago.)

   State and federal laws and policies giving lip service to family preservation are ignored because no citizen has resources equal to state money, muscle or immunity. No one can afford to (1) liberate a child some worker decides will have a better deal elsewhere; and (2) **paperwork** (not people) is all auditors, Congressmen, State DSS Board members want to see; and it will nearly always justify and validate an agency claim.

FACT: Tennessee's Georgia Tann may have snatched and sold babies decades ago and people may be horrified by East German "forced adoptions;" but, the practice is neither long ago or far away. It only takes one worker, judge, lawyer and the right words on the right papers. HURRIED, EASIER ADOPTIONS MAY PRIMARILY BENEFIT ANXIOUS ADULTS!!

ONE "REUNION" SHOW STRONGLY QUESTIONS EASY FAMILY BREAKS.

In nearly every case, there is a responsible family member who can take the child, especially with some (often not as much money as an outsider wants) financial/health backup.

2. **Require completion of a simple sheet prior to a termination hearing.** Draw a line down the middle. At the top left write "**Reunification**" and on the right "**Termination.**"

Every single expense--from court time to "therapy" or whatever may back a false claim of sexual abuse which has no evidence other than the word of an "validator" whose business nearly all comes from CPS/foster care/adoption work--must go onto one side or the other--HONESTLY.

When I began researching the family justice field of false allegations of child abuse/neglect two major policy/practice mandates potentially ensured a child's returning home:

(a) Foster parents were definitely not allowed to adopt and children were quickly removed if an attachment was obvious

(While that may not have been so terrific for either child or temporary, paid parents, it meant natural family integrity had a prayer under law.)

(b) There had to be at least 18 months of allegedly genuine reunification efforts before termination could occur.

**TODAY CHILDREN** WHO, IF THE TRUTH WERE KNOWN AND LEGAL CHILD-CHANGING WERE NOT PERMITTED, SHOULD RETURN TO LOVING FAMILIES, **MAY BE PLACED INSTANTLY INTO A KNOWN "PRE-ADOPTIVE" HOME,** GREATLY REDUCING THE INCENTIVE OF AGENCY WORKERS TO DISAPPOINT PEOPLE NOW AN **OFFICIAL PART OF THE DECISION-MAKING PROCESS IN TERMINATIONS.**

How horrifying it remains, years later, for grieving families who understand the process! How equally horrific is it for newly accused innocents who are effectively helpless against states!

3. A **FAMILY FOLDER** should accompany each child throughout the entire often needless foster (hometown hostage) care process. It should contain the name, Social Security number, title, permanent address of every person (original reporter, if abuse claim), the caseworker, judge, guardian ad litem, counselor/"therapist," etc. so that the child, on reaching majority, may receive the full information and hold accountable each and every person whose decisions affected that young person's "placement."

4. Finally, inasmuch as accused criminals rightly have **due process and jury trials** before they are separated from society in general for a time, **BOTH MUST BE AFFORDED PARENTS AND CHILDREN BEFORE THEY ARE SEPARATED FROM EACH OTHER AND RELATIVES PERHAPS FOREVER.**

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To: CBS Contacts **PLEASE SHARE** WITH CBS THIS MORNING, 60 MINUTES, EVENING NEWS AND NEWS SHOWS 5/22/95
From: Barbara Bryan, child/family researcher/advocate
Re: Baby Richard "legal kidnapping"

TODAY ON CBS THIS MORNING, PAULA ZAHN ACCEPTED WITHOUT QUESTION COMMENTS FROM RADIO SHOW HOST DENNIS PRAGER THAT WHAT HAPPENED TO "BABY RICHARD" WAS "LEGAL KIDNAPPING."

ACROSS THE NATION, FOR DECADES--ESPECIALLY AFTER ANONYMOUS "ABUSE" HOTLINES LET MISTAKEN AND MALICIOUS REPORTERS REACH OUT AND NAIL SOMEONE--**TAX-SUBSIDIZED KIDNAPPPING AND BABY BROKERING CONTINUES TO FLOURISH.**

THE PROBLEM IS NOT LONG AGO (50 years ago in Tenn. with notorious Georgia Tann, her judge buddy and helpful attorney friend selling WASPs to Joan Crawford and June Allyson, etc.--it still takes only three people) OR FAR AWAY (check Lesley Stahl's commentary on "forced adoptions" of non-Communist children to East Germans 20 years ago and what happened with records discovered).

TALK ABOUT EMBARRASSINGLY UNDER-EDUCATED AND BIASED **UNCHALLENGED HATE SPEECH ACCEPTED BY CBS** AND PAUL ZAHN: PRAGER ASSUMED THE CHILD'S FATHER DID NOT CARE. Nothing about the man's being in Europe because his grandmother was dying. Maybe that was inconsequential family rites!!

Following (with a few extra details) is a fax to Mr. Prager himself; but, CBS and its many shows could do more to share the whole truth and finally stop child shifting and turning loving family members into "legal strangers."

As an investigative reporter whose research into justice issues began 35 years ago--a dozen years on family and false abuse/neglect allegations--I marvel at silence surrounding the depth and breadth of genuine legal kidnapping (within which I do not consider an intact couple's efforts to regain their own child a fair part).

**ON JUNE 2, in Minnesota, a determined couple will be getting back a son and daughter wrongly and needlessly gone for nearly two years.** Had a third premature child not been born and thrived (after the hospital tipped them off to leave early in the night and move into another county), the third one would be gone and the baby she is carrying now would be "at risk" for official "help."

**HOW ABOUT A BIG SERIES ON ORDINARY AMERICANS AND HOW HARD THEY HAVE TO FIGHT TO KEEP THEIR OWN CHILDREN?????**

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To: Alexis for DENNIS PRAGER 5/22/95
From: Barbara Bryan
Re: "Legal Kidnapping" and adoption

Following are (1) recap of remarks to per my seeing Mr. Prager on CBS THIS MORNING today; and (2) the call for written comment on federal adoption policy.

My major concern is Mr. Prager's enthusiasm missed
(a) the whole truth and story behind the story; and
(b) would, taken to its logical (and currently realistic) extreme, mean any child born to not already married parents (acceptable to child "advocates") was, and actually is, fair game for "Let's Find a Home We Like Better." (It began in Chicago in 1899 with a juvenile court envisioned by Chicago's School of Social Work!

"LEGAL KIDNAPPING" is so much a part of the scene today, I was surprised to hear it described from the perspective of married parents who began return efforts when the baby was seven weeks old, even shorter time for Baby "Jessica."

If "sperm rights" are all there is, child support enforcement is barking up the wrong tree trying to connect children with their fathers and holding dads responsible.

**Where has the media been while children have been "removed" daily from decent and many excellent homes???** How about raising awareness (then funding) for families who are falsely accused of abuse or neglect (or it is predicted because of maternal youth) in a mistaken or malicious anonymous/immune hotline call?

**Who among us, presumed guilty (but not permitted due process to dislodge an erroneous claim) will succeed against the money, muscle and immunity of "the state?"**

We, too, have wondered why "the law" (the robes) won't obey the law or punish those who break state and federal law and policy about family preservation or placement with relatives, nearly always a viable option over adoption. Grandparents weep when they become "legal strangers."

This was NOT last done in Nazi Germany; but, it is a holocaust of the home. It is not long ago (as in Tenn. and Georgia Tann 50 yrs. ago selling babies to Hollywood movie stars) or far away (as East German "forced adoptions" 20+ years ago to Communist families) on 60 Minutes (Lesley Stahl a couple of years ago).

All it takes is one caseworker, a judge and a lawyer after a false allegation lays the burden ON THE ACCUSED. Against superior forces of "the state," a parent tries vainly to liberate a child. **THAT IS "LEGAL" KIDNAPPING!!!!**

32A Old Arroyo Chamisa
Santa Fe, NM 87505

15 May 1995

Mr. Phillip D. Moseley, Chief of Staff
Committee on Ways and Means
US House of Representatives
1102 Longworth House Office Building
Washington, DC 20515

Dear Sir,

This written statement concerns the Committee hearings on Federal adoption policy.

I am writing as one of the founders, in New Mexico, of the foster care citizen review system which now operates in 24 states. This is a procedure whereby citizen volunteers monitor the services to children in state custody because of abuse and neglect. I am also a retired doctoral social worker who spent most of his career in the field of child protection, foster care, and adoption.

The two facets of the above are related. As a professional, I became convinced that no bureaucracy, public or private, can satisfactorily assure, without public oversight, timely permanency for abused children. I conducted research on foster care drift which resulted in a successful Federal court case against the state. But even the courts couldn't fix the problem.

From personal experience, I am convinced that the most effective vehicle to combat foster care drift is the activity of knowledgeable, dedicated citizen volunteers. They review the services provided to abusive families and send an objective, independent report to the court concerning the adequacy of agency and court services. **No other social service program has such direct oversight of service delivery.**

I suggest there is no contradiction between adequate family perservation services and removing obstacles to adoption. Abusive families deserve a chance to show they can change. At the same time, because some parents cannot be rehabilitated in any reasonable time, there are many cases where a time-limited rehabilitative effort should shift to simpler and easier adoption process,

Because I have experienced that 1) citizen review is the single

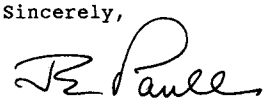
most effective vehicle in protecting children and expediting either return home or adoption; and 2) that no state has ever demonstrated a capacity or willingness to operate a fully effective child protection program, I recommend the folowing:

1) That the committee seriously explore the viability of making citizen review mandatory in all states; and

2) That child protection, foster care, and adoption, not be turned over the state control and be exempted from block granting.

Experts agree that most of our social problems--crime, substance abuse, fatherless families, teen pregnancy, school drop-out, and welfare dependency--have a major source in inadequate parenting. Our most serious social problem deserves special attention and special measures.

Sincerely,



Joseph E. Paull

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May 19, 1995

Phillip D. Mosely,
Chief of Staff, Committee on Ways and
Means, U.S. House
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1102 Longworth House
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Washington, D.C. 20515

To: THE SUBCOMMITTEE ON EARLY CHILDHOOD, YOUTH AND FAMLIES:

I understand that the Subcommittee on Human Resources of the Committee on Ways and Means will hold a hearing on federal adoption policy. It was held-last---Wednesday, May 10, 1995. I wish to submit this written statement ,by the close of business May 24, 1995.

I was motivated into action when my grandson's, then of the age of 8 years old and now turning 12 this August, were "stolen from the only family they ever knew". I was able to get their younger sister, but even though I have a large family and there was a very good family for them to stay with, they lied to me and continued this practice in court,for theft.

At the time I had a "public image" of the Child Protection Services of people that most peopleare given by the media. I was shocked at how they hate the family and it is more a business,than a service that cares for the safey and well being of children,that seem to be a commodity.

I am making the above statement that are the direct words of thre Grand Juries, in San Diego, Los Angeles, and Merced. I myself testified,last May before a Senate Committee Hearing. I told them my story and I had documentation to back it up. I was there for the SB 41 Qualified imunnity Bill ( like the police, etc.) have. The author of the bill was Senator Maurice Johannesen and this year the bill is is AB 1355, Assemblyman David Knowles.

I was asked to testify by Coalition of California Welfare Rights, Mr. Kevin Aslian and Mr. Steve Konoff (Assemblyman David Knowles) office and Senator Maurice Johannessen's staff.

When this horrible and tragic thing was done to our family, the,sad thing of brother's and sister "torn apart" I tried to go the legal route, but since I knew nothing about this,destructive system, I was sucked in and did not have the thousands and thousands of dollars to get out of it.I then turned to the media, they to are part of the problem and then lined up with grandparent and famlies across the nation, that are working to change the laws that enable the Child Protection Services to abuse, the very children they are suppossed to protect.

Here are some of some of the changes that I and all the above people and groups want to see changed, as follows.

1. The federal immunity clause be dropped. All you need to do to give you, more to study, as to why,is to order the Grand Jury report's from San Diego, Los Angeles and Merced, to then--understand why this must be done. California Child Protection Services is facing a very uncertain future, in our state due to"their abuse of power" Grand Jury quote. We are going for "reform" in our state because of their out of control history. All of the groups, grandparent's and family through out the nation are, however making the same statement.

2. States in which due process protection has not been en-

sured to endividuals by our Consitution federal funding should be with held. Each state should provide evidence that their investigatory and prosecutory procedures provide due-process protection in order to get this federal funding.

3.Because of "the Modern Day Witch Hunt" the clause mandating the reporting of child abuse should be dropped, it has resulted in absurd accusations, which the media fuels False Memory, vengeful ex spouses angry neighbor's, relatives educator's, etc. if they don't report these things they face crimanal charges. It has become big business,also for"mental---health professonals", councellors, foster parents, professional guardians, and others who depend on cases of absurd and negelected children in order to earn their livings. The San Diego Grand Jury,started by the Jim Wade case, is an example of that.

4. States that do not videotape all investgatory should be deprived of federal funding.States that do not have videotaped interviews should not be admitted into court of law or the testimony based on nonvideotaped investigations or evaluations.

5.The Child Protection Services are suppossed to try and make a reasonable effort(Public Law) PL 96-272 to try and keep the family together, which they do not do. They check off a box on the forms, to terminate the family, to the judge and they do not do it. They should be made to show documentation, proving that they did it. They, also should not be able to have meetings with the judge, before the hearing, to make sure it goes the way they want it tq go. If this is done, they cannot lie to the judge and the family as they did to me and thousands of other famlies.

6. Any family, that is unfortunate enough, to have dealings with the Child Protection Agency, should have a right to tape the phone calls and the office visits, due to the lieing that they do.

7. People do not know about how the C.P.S. plays a game and leads people astray and tricks them etc., due to a lack of knowledge these people are sucked in, I would like to see a list of groups like National Child Abuse Defense & Resource Center( that testified before you 5 years ago) made available to them, and countless other groups in the nation that are working for change.

I will not go into much more as I know by the people that I am working along with, that you have heard all this in the past. I would like to conclude by saying "permanency planning" (you speak of and yet more study) rather than family preservation does not sound good.The children that are torn from their famlies populate our jails and many wind up as "street people". I think and all the others I work along with that the people that make their living off the suffering of children and famlies, should find another way of making a living.

We in California, that are working for reform and the others in our nation feel that complete immunity breeds corruption and we are asking that you look into the investigations that have called the Child Protection Agencies "Baby Broker's."

If the States have the Qualified immunity and will not get federal funding, then the truly abused children will get the help they need and deserve, not this farce that is going on. Complete immunity breeds coruption and it has. Please, please truly help the children..and stop the "greedy out of control system."

I would, also, like to state that the last thing that needs to be done is "adoption" made easier for the States that make millions off these children that are "system victims". Please really hear what I am saying...help the children.

Bad things happen when good people do nothing and we are working very hard and will not stop until the system is REFORMED and we are certain that the help children need will be available, should they need it and the "baby brokering" stops. Please contact me if you need to.

Sincerely,

Lorraine Sheaffer
Once the grandmother of two twin grandsons,
stolen by the greedy system.

○