

At Issue: Child Welfare by Fad

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If the past is prologue in child welfare, the next program fad may be deployed as early as 2007, and successors are sure to follow. But what will they be? More important, will they demonstrably benefit abused and neglected children?

Varied approaches have evolved to address child maltreatment. The Child Abuse Prevention and Treatment Act of 1974 mandated reporting of abuse and neglect as well as establishing the first national database on the maltreatment of children. The 1980 Adoption Assistance and Child Welfare Act introduced permanency planning to stabilize children in foster care. In 1993, Family Preservation became the intervention of choice. With the 1997 Adoption and Safe Families Act, protection of children once again became paramount. Currently, nurse home visiting is being queued up by child welfare reformers, with emboldened Democrats and a humbled White House possibly uniting around this innovation during the 110th Congress. If so, the nation will begin another crusade to help vulnerable children, but absent convincing data that their circumstances will be significantly improved.¹

This chronology suggests that a novel approach to child welfare coalesces approximately every 7 years, quite regardless of solid evidence of its superiority. The absence of optimal data upon which to guide future child welfare has been conceded by leaders in the field. Indeed, the authors of a recently acclaimed book, *Beyond Common Sense*, admitted the most glaring of omissions: "There is not a single intervention that has generated a published peer-reviewed article based on a study in which [researchers] accepted referrals from a child welfare agency, randomly assigned them to a treatment condition, and evaluated the outcomes" (Wulczyn, Barth, Yuan, Harden, & Landsverk, 2005, p. 155).

This admission follows a critique of the field by Mark Chaffin (2004), who noted that randomized, controlled trials (RCTs), while conventional in approving health interventions for children, were inexplicably absent in evaluating programs to mitigate child maltreatment. "Absent hard outcome data about intervention content," he wrote, "child abuse prevention programs and other psychosocial initiatives have been based more on advocacy, theory, weaker program evaluation designs, fashion, guesswork, and hope" (p. 589).

That efforts to ameliorate child maltreatment should consist of inferior research methods is paradoxical, especially in light of contemporaneous studies on welfare reform. In the early 1980s, states were offered waivers from Aid to Families With Dependent Children (AFDC) on two conditions: their innovations could not be more costly than AFDC *and* they demonstrated their outcomes through state-of-the-art research. By the time AFDC was cashiered and replaced by Temporary Assistance for Needy Families, most states had not only abandoned the welfare entitlement for poor families but also mounted field experiments documenting the efficacy of their innovations. The results of these studies now constitute a sizeable literature on welfare reform, comparing the outcomes of competing strategies, such as Work First versus Human Capital Development (Stoesz, 2000). Regardless of one's sentiments about the 1996 welfare reform (Personal Responsibility and Work Opportunity Reconciliation Act), there is little question that we understand its consequences through reasonably good data.

Compared with welfare reform, data on child welfare range from the absurd to the dismal. State reports of child maltreatment, for example, simply defy credulity. Between 1998 and 2001, the states as a group reported reassuring reductions of -1% and -4% in reported and confirmed cases of child maltreatment, respectively. But mischief lurked beneath the data. For 2001, Kansas and Maryland failed to provide any data at all on allegations of abuse and neglect. For those states reporting, in 1998 allegations ranged from Kentucky's high of 159.5 per 1,000 children to Pennsylvania's low of 7.9. In 2001, founded cases ranged from Alaska's high of 82.6 per 1,000 children to Pennsylvania's low of 1.6. Lest Pennsylvania be characterized as a paragon of child welfare, it should be mentioned that the data indicated North Dakota as deserving that honor for having reported the fewest victims of maltreatment in 1998: *zero* (House Ways and Means Committee, 2004, pp. 11-76).

By way of another illustration, the Child and Family Service Reviews (CFRSs) released in 2005 determined that of the 50 states and the District of Columbia evaluated on seven standards of child welfare, not one state was able to assure that maltreated children had a permanent and stable living arrangement; not one state was in compliance with regard to families having improved their ability to care for their children; only one state demonstrated that it adequately met a child's physical and mental health needs (Department of Health and Human Services, Administration on Children and Families, 2005). In December 2005, the Office of the Inspector General of the Department of Health and Human Services reported that "only twenty states demonstrated their ability to produce statewide reports detailing the extent to which [foster care] visits occurred during FY 2003; seven of the twenty statewide reports indicated that fewer than half of children in foster care were visited monthly in FY 2003" (Department of Health and Human Services, Office of Inspector General, 2005). Data such as these support an Annie E. Casey Foundation report that portrayed the human service workforce in less than flattering terms: "Millions of taxpayer dollars are being poured into a compromised system that not only achieves little in the way of real results, but [also] its interventions often do more harm than good" (Annie E. Casey Foundation, 2003, p. 2).

The antidote to child welfare by fad is evidence-based practice (EBP), the use of empirical evidence to demonstrate the outcomes of various interventions along an array of indicators of child well-being. Optimally, RCTs are the preferred research method since they screen-out external influences. Yet, RCTs in child welfare are a novelty, perhaps because the field experiment on the Illinois Families First initiatives cast doubt on the efficacy of family preservation. In the absence of field experiments, child welfare professionals rely on surveys, which are often retrospective studies of case records, a notoriously unreliable source of information. The Northwest Foster Care Alumni Study, for example, examined the case records of 659 alumni of foster care and interviewed 479 of them with respect to several indicators of psychosocial well-being. The study found that foster children suffered from alarming rates of mental health problems; most poignantly, their rates of posttraumatic stress disorder (PTSD) were twice that of U.S. war veterans (Pecora et al., 2005). Certainly, such findings are of concern, yet the research cannot attribute psychological harm to adolescents to foster care alone,

since there may have been external factors that traumatized foster youth. Moreover, the study has little to offer about remedying such trauma. If the study's researchers and sponsor had mounted an RCT to evaluate alternative interventions for children aging out of foster care, these problems could have been isolated and addressed. Such an option should have been conceivable since the children in the study would probably have entered foster care during the late 1980s, the very period when field experiments in welfare reform were being conducted.

Fortunately, local child welfare advocates have come to appreciate the value of EBP. For 20 years, the Chatham/Savannah Youth Futures Authority has collected data on a range of psychosocial, developmental, and community variables related directly to child and family welfare. These have been incorporated in local social service planning (<http://www.youthfutures.com>). In New York City, the CompStating method of crime reduction, pioneered by Dennis Smith (2005), has been advocated as a means for reducing child maltreatment in high-incidence neighborhoods. Accordingly, child welfare professionals concerned about improving the validity of the services they offer should contact local universities to identify faculty willing to work with them to optimize programming consistent with EBP. In this regard, schools of social work should be required to provide such research assistance to private and public child welfare agencies in exchange for the \$240 million they receive for Title IVE training each year.

In the absence of sound data to guide child welfare, future initiatives will continue to be based on what is essentially well-credentialed common sense. Assuming that nurse home visiting or one of its variants captures the imagination of Congress and the White House, it may well emerge in 2007 or 2008. If so, this next innovation in child welfare will be hailed by child welfare advocates as rectifying the nation's chronic neglect of needy children and their families. Tens of millions of dollars will be passed to the states, further confounding their already Byzantine welfare bureaucracies, those very agencies that have already demonstrated their inability to report on the use of billions of dollars previously allocated to them for other well-intended ventures.

Having gained some momentum in a more favorable policy environment, child welfare advocates are already preening their next initiatives. Kinship care appears slated for roll-out after nurse home visiting, perhaps as early as 2010. The enormous surge in immigration and the commensurate demands on child welfare will certainly generate support for an Immigrants' Child Welfare Act not long thereafter (Jacoby, 2006).

At issue is whether these efforts will actually benefit maltreated children or, as so many programs before, they will become accretions to a lumbering bureaucracy that already employs the legions of managers necessary to keep track of a labyrinth of programs, all intended to address the immediate and long-term consequences of child abuse and neglect. Absent the accountability that EBP can bring to child welfare, it is not hard to imagine a future President who, confronted with the intractable morass that child welfare programming will have become, simply elects to cut the Gordian Knot and devolve children's services to the states as a block grant. If welfare reform is pretext, that President may well be a Democrat.

A Child Welfare Block Grant would leave child welfare advocates scrambling since the focus of activity will have shifted from

Washington, D.C., to state capitals. The centrality of national organizations, such as the Child Welfare League of America and the Children's Defense Fund, will diminish accordingly. This will be a boon to state and local advocacy organizations, of course, but the readjustment will take years. As important, the status of both traditional programs (foster care, family preservation) and innovations (nurse home visiting, kinship care) will be up for grabs, suddenly pitted against each other for resources at the state level. Such an eventuality would prove dismaying for child welfare professionals and advocates who have dedicated their careers to the most vulnerable of Americans: maltreated children. In response, some will opt for early retirement, others will stay at the helm trying to steer the wreck in a more promising direction. In moments of despair, veterans of child welfare with sufficient experience to comprehend the moment will look back on decades of program development and wonder how such good intentions had come to this.

But then, we all know what the road to hell is paved with.

¹ Although the nurse home visiting program has generated important outcomes secondarily related to child maltreatment, these have not been its focus. The evolution of this important community health initiative serves as a model for how field experiments of interventions designed to mitigate child maltreatment could be conducted. See Robert Wood Johnson, *The Story of David Olds and the Nurse Home Visiting Program*, downloaded November 28, 2006, from: www.rwjf.org. For an assessment of nurse home visiting and related initiatives, see also Deanna Gomby, *Home Visitation in 2005: Outcomes for Children and Parents* (Washington, DC: Committee on Economic Development, 2005), online at: www.ced.org.

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