Social work has a long tradition of helping children and families. This chapter describes how social workers shield children from abuse and neglect while strengthening their families and enhancing their lives through foster care, residential care, adoption, and school social services. Social workers labor to address the many life circumstances and events, such as violence, neglect, and poverty, that prevent children's needs for health, security, belonging, and self-fulfillment from being met.

CHILD ABUSE AND NEGLECT

Neglect (the failure of adults to meet children's physical, emotional, mental, educational, or social needs) accounts for 52 percent of the approximately one million cases of child maltreatment verified each year in the United States. About 25 percent of the cases involve physical abuse (non-accidental injury inflicted by a caregiver), while approximately 12 percent of maltreatment cases involve sexual abuse (sexual intercourse, oral-genital contact, fondling, incest, or exploitation). The remaining cases involve emotional or psychological maltreatment (chronic denigration of the child's qualities and desires, isolation, terrorizing, excessive age-inappropriate demands, extreme parental violence and drug/alcohol abuse, and failure to procure services for seriously emotionally handicapped children). Most maltreatment perpetrators are parents (77% of perpetrators) or other relatives (11% of perpetrators). Women, frequently the primary caretakers of children, are responsible for about three-quarters of neglect and medical neglect cases, while men are responsible for about three-quarters of sexual abuse cases (Downs, Moore, McFadden, & Costin, 2000).

Social workers who investigate reports of child abuse and neglect consider many factors, such as the child’s age. Shaking an infant can be life threatening, but shaking an eleven-year-old likely is not. Professionals also examine the location and pattern of injuries. Injuries to the head are more likely to cause permanent damage than injuries to the legs. Authorities consider what objects are involved in the abuse. Metal coat hangers, kitchen...
utensils, and fists are potentially more lethal than open-hand slapping. Social workers must distinguish between legitimate punishment, which shapes the child’s behavior (such as denying access to TV), and abusive punishment (such as locking a child in a closet). Social workers consider the extent and causes of physical neglect; going hungry because the parent is unemployed is different from going hungry because the parent has spent all his or her money on drugs. Children may be educationally neglected (for example, a child who is regularly kept home from school to care for a sibling), or they may be medically neglected (denied medical care). Children sometimes suffer insufficient supervision (or even parental abandonment), but to determine the level of supervision a child needs, one must consider the child’s age and the length of time a child is left alone. Children are morally neglected when parents encourage them to steal or to prostitute themselves (Glicken & Sechrest, 2003).

**POVERTY AND MALTREATMENT**

In the United States, 13 million or nearly 18 percent of children live in poverty, and children of color are at elevated risk of poverty (DeNavas-Walt, Proctor, & Lee, 2006). Child maltreatment occurs at all socioeconomic levels and in all racial and ethnic groups, but statistically, maltreatment happens more in poverty-stricken families. Money and social advantages can buffer families from stress, which often triggers child maltreatment. Wealthier families are less likely to come into contact with police officers, social workers, and other mandated child abuse reporters and thus are less likely to become statistics.

Poverty often leads to substandard housing, an issue that social workers address with families. Children living in crowded, unsanitary conditions are more susceptible to contagious diseases and injuries. Children exposed (even before birth) to radiation or to toxins such as lead, arsenic, mercury, or pesticides are at risk of serious developmental damage (Gracey, 2002). Homelessness is also devastating. Children who are homeless are often depressed and frightened. Homelessness interrupts children’s schooling and makes life more dangerous for them.

**EFFECTS OF MALTREATMENT**

Traumatic experiences (for instance, witnessing or experiencing violence, being confined in closed spaces, or suddenly losing familiar caregivers) often leave permanent physical and emotional scars. Those scars may include cognitive dysfunction (such as impaired memory), hypervigilance (a heightened state of fear), recurrent memories of the trauma, emotional numbing, aggressive responses, or limited future orientation (Steele, 2004).
Traumatized children may find it difficult to trust others or to form healthy relationships. They may seek solace in alcohol or drugs. Abuse victims sometimes develop serious mental illnesses, such as clinical depression or post-traumatic stress disorder. Victims of long-term neglect may have health and academic difficulties. Children who witness abuse—between 3 and 10 million children witness domestic violence yearly—are more likely to be abused themselves and to abuse their own children and/or spouses in the future (Children's Defense Fund, 2000; Glicken & Sechrest, 2003). Children who suffer maltreatment or dangerous living conditions are also more likely to have intellectual deficits (Noble & Jones, 2006). Social workers offer a broad array of services to help children and families cope with and overcome mental and emotional difficulties and intellectual disabilities.

CHILDREN WHO FUNCTION AS PARENTS

Alcohol and drug abuse are highly related to child maltreatment and to situations in which children have to assume family duties inappropriate for their age. An estimated 67 percent of parents involved with the child welfare system abuse drugs and/or alcohol (Child Welfare League of America, 2001). When parents have drug or alcohol habits, children may be “parentified” by having to help their parents bathe, feed younger siblings and protect them from violence, and seek ways to earn money for the family (Winton, 2003). Numerous state laws define consuming high levels of alcohol or drugs during pregnancy as child maltreatment. Lack of appropriate child care also leads to parentification. Particularly in poor families, when adults are working and cannot purchase or otherwise provide child care, children may be left to fend for themselves while tending to siblings (see box 11.1).

Box 11.1 Helping Children Affected by Parental Drug Abuse

The parents of a five-year-old and a one-year-old taught the older child how to change the younger child’s diaper and then disappeared for several days on a drug binge, leaving hamburgers and other food for the children. After several days, neighbors realized that the parents were not home. Social workers investigated and placed the children in foster care. Though social workers tried to help the parents get into drug rehabilitation and parenting classes, the parents did not cooperate with any of these efforts. Social workers and the court ultimately determined that the maternal grandparents could offer the children a more stable home, and they were granted custody. Social workers stayed involved with the family to help the grandparents ensure that the children’s parents did not visit while under the influence of drugs, and efforts were made to encourage the mother to get drug treatment.
LACK OF HEALTH CARE

Child maltreatment sometimes involves lack of health care, which is often related to poverty. Twelve percent of American children have no health insurance (DeNavas-Walt et al., 2006). In 1977 Congress created the State Children's Health Insurance Program to help states insure children whose parents are too poor to buy insurance but are not poor enough to qualify for Medicaid (health care for segments of the population living in poverty). Some states, however, have not utilized the program to its full potential (DiNitto, 2007). Poor children are more likely to live and attend school in moldy structures that breed vermin and exacerbate respiratory illnesses. Though diseases such as measles and hepatitis can be prevented with vaccination, many poor children are not vaccinated. Children of color are less likely than white children to have completed their immunizations, and they are more likely than white children to get their health care in emergency rooms rather than medical offices or clinics (Moniz & Gorin, 2003).

Children with inadequate diets are more vulnerable to physical disease and emotional distress, and poverty exacerbates poor nutrition. Fast-food chains, which serve food high in calories and fats, are concentrated in low-income neighborhoods (Children's Defense Fund, 2005). In 2002, the U.S. Department of Agriculture reported that nearly 35 million Americans—including over 13 million children—are worried about how to secure their next meal (Children's Defense Fund, 2005). Poverty also affects children’s options for exercise. Poor children cannot afford the fees and equipment for organized sports, and children living in dangerous areas may not be allowed to play outside.

Social workers help families develop health-care resources and healthier habits and lifestyles. Sometimes social workers intervene to help children who are not receiving necessary health care due to the family’s beliefs or fears. For instance, a family that believes prayer alone is the answer to a child’s cancer may need education and support about augmenting the power of prayer with traditional medical interventions. Children of undocumented immigrants may not get the medical help they need if parents are afraid of having their immigration status revealed at the clinic. Social workers also help them secure necessary health care for the child.

TEEN PARENTS

Statistically, three elements increase a newborn’s risk of childhood poverty: being born to a teenager, being born to a woman who has not completed high school, and being born to a woman who has never married. On average, women who give birth as teens leave school three years before women who delay childbearing until after their teen years, and it is estimated that only a third of teen mothers go on to graduate from high school (Kids Count
Teen parents are ill prepared to assume the financial costs of rearing children, and because poverty is often linked with neglect, children of teen parents are particularly vulnerable. Edin (2003) demonstrates that poor women desire marriage if it is accompanied by financial stability—but they view the many unemployed and underemployed men in poor neighborhoods as questionable marriage prospects. Schools and community agencies often operate programs for teenage parents; these are frequently staffed by social workers who teach young mothers and fathers parenting skills and support them in pursuing education and job training.

CUSTODY ISSUES

Children involved in highly emotional divorces may experience feelings of fear and anger and even physical danger when their parents fight. Social workers mediate between parents to make reasonable custody decisions during divorce. They also study the homes of the parties seeking custody and make recommendations to the court. Social workers also help find secure homes for children whose parents are incarcerated, and they help

The members of Girl Scout Troop 1500 are girls whose mothers are incarcerated. The troop is led by a social worker in Austin, Texas.

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children understand and cope with the parent’s crime and jail sentence. Social workers also intervene when there are custody (and bereavement) issues due to a parent’s death.

**HOW SOCIETY DEVELOPED A CHILD WELFARE SYSTEM**

The colonies that became the United States recognized the need to provide “relief” (material aid) to poor families so that children could stay at home without starving. As the nation grew, however, many destitute mothers and children were housed in deplorable conditions in publicly funded poorhouses. By the mid-1800s, many citizens preferred another congregate facility for needy children: the orphanage. The first U.S. orphanage was established in New Orleans in 1727, and many orphanages sprang up after 1860 to care for Civil War orphans. Another option for children whose parents could not care for them was adoption. In 1851, Massachusetts instituted the first American adoption law. Many children were candidates for adoption because poverty and epidemics frequently left children without parents. In 1853, so-called orphan trains began carrying poor and homeless children south and west from the East Coast. Families could meet the train and choose children to take home. The orphan trains marked the beginning of the foster care movement.

Although traditionally fathers were awarded custody of children in cases of divorce, by the early 1900s, courts had begun to routinely award custody of children to mothers rather than fathers. This occurred in part because of the growing political power of women and in part because of the influential ideas of psychiatrist Sigmund Freud, who asserted that mothers and children had an elemental emotional relationship. In the early 1900s, women were also influential in convincing lawmakers to pass landmark legislation regarding children, such as laws to outlaw child labor and legislation to require schooling.

During the Great Depression, Congress passed the Social Security Act of 1935, which made survivors’ benefits available to widows and their children. Another major provision of the act was Title IV-B, which provided federal grants to states to develop state child welfare agencies. Social workers have been deeply involved in shaping these agencies. Though states use federal funds for children’s services, each state administers its own child welfare agency. The modern child welfare system has grown increasingly complex as more is learned about the grave effects and financial costs of maltreatment. Today, Title IV-E provides federal funds for foster care, while Title XIX, Medicaid (added in 1965), provides medical services for foster children and families who fall below an income threshold.

Due to growing public concerns about maltreatment, Congress passed the Child Abuse and Prevention and Treatment Act (CAPTA) in 1974. CAPTA created guidelines for states to follow in developing systems and increased
mandatory reporting requirements for suspected child abuse and neglect, and it provided grants for abuse prevention programs. CAPTA also mandates that in every abuse or neglect case that goes to court, a guardian ad litem must be appointed to speak for the child's best interests. Today courts appoint either attorneys or special advocate volunteers to represent the child's best interests in court.

CAPTA's mandatory reporting provisions resulted in a steep rise in child abuse and neglect reports, but since services were not sufficiently funded, agencies were soon financially strapped. Increasingly, agencies gave priority to investigating life-threatening abuse cases over cases of neglect, even though neglect can have lifelong negative (and even deadly) effects. Consequently, the system became more of a child protection system than a child welfare system.

**Laws to Protect Specific Groups of Children**

Social workers have also helped shape legislation to assist specific groups of children, such as juvenile offenders, many of whom have suffered maltreatment. Beginning in Illinois in 1899, states established juvenile courts to ensure that children under eighteen who commit crimes are kept separate from adult offenders, based on the belief that juveniles can be rehabilitated more effectively if they are not exposed to people who have a history of criminal activity. Juvenile courts, however, deny children some rights (such as bail hearings) that are guaranteed to adults in criminal court. Over time, courts have determined that children should have more due process rights. At the same time, jurisdictions have increasingly certified children as adults for prosecution of serious crimes.

Congress passed the Indian Child Welfare Act of 1978 to preserve American Indian family unity. The act requires that American Indian children needing protection be placed with extended family, foster families in the child's tribe, or foster families in other tribes. Prior to this act, numerous American Indian children were placed outside the tribe, often in white families. This law ensures that more American Indian children are reared in their tribal traditions.

A few years later, in 1984, the National Institute of Mental Health formed the Child and Adolescent Service System Program to help states care for children with emotional and behavioral disorders. Anxiety disorders, attention-deficit/hyperactivity disorder, post-traumatic stress disorder, and depression are common among maltreated children and youngsters who have lost a family member or have witnessed violence (Noble & Jones, 2006).

Since 1999, forty-four states have adopted Baby Moses laws, which allow parents to legally relinquish custody of infants sixty days old or younger at a safe baby site, such as a fire station or hospital (Roussel, 2005). Such legislation provides parents with a way to leave the child with an
emergency care provider rather than abandon the child in a dangerous or unprotected location.

**Permanency Planning**

Faced with alarming statistics about hundreds of thousands of children growing up in foster care, Congress passed the Adoption Assistance and Child Welfare Act of 1980, which mandated permanency planning for children. States are required to make “reasonable efforts” to prevent children from entering foster care or to reunite foster children with their parents. Placements that are made must be in the least restrictive (most family-like) setting. Permanency plans, which social workers frequently help develop, provide the following options, in order of perceived desirability: (1) to remain with the family of origin (assuming that the problems that put the child at risk are resolved), (2) to be placed with kin or in an adoptive home, (3) to live in foster care, or (4) to live in residential care or a group home (Administration for Children and Families, 1997).
The Adoption and Safe Families Act of 1997 extended many provisions of the 1980 legislation and requires that permanency plans be established within twelve months of the child's removal from his or her original family setting. This law emphasizes that the child's safety is paramount and encourages concurrent or dual planning, in which the agency works to reunite the child with his or her family while concurrently planning to place the child in adoption or with a legal guardian should reunification fail. The Adoption and Safe Families Act also expanded the role of the courts in deciding what family reunification activities should occur, setting deadlines for filing termination-of-parental-rights petitions, and establishing the rights of foster and adoptive parents to receive notice of court proceedings (Badeau, 2005).

The increase in child abuse reporting and the legal demands for timely permanency decisions have created greater workloads for courts. Courts control how and in what setting the child welfare system serves children, monitor the system's adherence to legal rulings, and in some states oversee the system, as the result of lawsuits requiring that the state remedy deficiencies. Judges and attorneys in the child welfare system generally carry large caseloads. Judges may hear one thousand cases per year—meaning that they often have as little as four minutes to devote to a particular child's hearing (Badeau, 2005). Courts, consequently, must depend heavily on the informed assessments of social workers regarding the child's best interests.

Permanency planning, and its emphasis on returning children to their families, generated interest in working with families in their homes so that parents can take better care of their children. Congress passed the Omnibus Budget Reconciliation Act of 1993, which established the Family Preservation and Support Program. Social workers help families learn skills such as cooking, budgeting, caring for and disciplining children, and keeping the home safe and clean.

How the System Works

Though the child protection system is guided by federal regulations, child protection is a state function and procedures vary by state. In general, social workers, police, and other professionals working with the public agency (or a private agency with which the state contracts) investigate suspected abuse or neglect. If the case is deemed to be unfounded, it is closed. Investigators may substantiate the report, and the court may hold a protective hearing to determine whether the child should be placed in an emergency setting or left in the home. Social workers testify to the facts and offer recommendations at such hearings. Depending on circumstances, the agency may (1) recommend to the court that the child be removed from the home; (2) leave the child in the home but provide supervision or support services, such as parent effectiveness training; (3) or leave the child at home and make no recommenda-
tions for services if it appears that the abuse or neglect will not continue (Pew Commission on Foster Care, 2005). If the child is removed from the home, social workers are involved in providing the least damaging transition for the child and in crafting future plans for the child. If the child is left in the home with supportive services, social workers often provide or oversee those services and reassess the home situation to ensure the child’s safety.

If the court orders that the child be removed from the home, an adjudicatory hearing is conducted to determine if maltreatment actually occurred and a dispositional hearing in which the court determines where the child will live, who will have custody, and what conditions will apply (Badeau, 2005). The court may order that the child be placed with relatives or in a foster home, group home, or residential facility. Social workers help the family work toward reunification with the child while also developing an alternate permanent plan (such as kinship care or adoption).

The court conducts six-month periodic reviews to monitor the child’s progress; social workers provide and testify to much of the review data. The court holds a permanency hearing after twelve months to approve a permanency plan. If the child’s original family and the agency successfully complete the plan, the child returns home. When the permanency plan is not successful, the court holds a termination-of-parental-rights hearing. Parents may appeal a decision to terminate rights to a higher court of jurisdiction.

If the child is placed in a permanent adoptive, kinship, or guardianship home, the court conducts an adoption or guardianship hearing to make the child legally part of another family. Social workers do much of the work to identify the best placement and make it successful (see box 11.2). When a

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**Box 11.2 Permanency Planning for Siblings**

Sixteen-year-old Ben, fifteen-year-old Jackson, nine-year-old Jared, and eight-year-old Harrison are brothers. The courts granted custody of the brothers to the state child welfare agency because of the death of their father and the mental illness of their mother. To keep the brothers together, the agency placed them in group foster care. While developing a permanency plan, social workers found no suitable relatives to take the children. Ben and Jackson were not interested in being adopted; they wanted to graduate from high school and get out on their own. Jared and Harrison, on the other hand, longed to be part of a family. Finding adoptive homes for teens or sibling groups is challenging. After much hard work, the social workers found a family to adopt the two younger boys, but this family lived several hundred miles away. This was difficult for Ben and Jackson, who felt they should stay very involved with their younger brothers. The new adoptive family, however, was amenable to including Ben and Jackson in their holidays and special occasions and even paid for the older boys to come visit the younger children. Ben and Jackson remained in the group home until they graduated from high school.
permanent home is not an option, the child remains in foster or residential care until he or she ages out of the system by reaching the age of eighteen, or, in some states, twenty-one (Badeau, 2005; Pew Commission on Foster Care, 2005).

**FAMILY PRESERVATION**

The notion that it is preferable for a child to live with his or her original family permeates public policy. The Promoting Safe and Stable Families Program of 1997, part of Title IV-B of the Social Security Act, allows states to use federal funds to keep the child safe at home while providing support services to the family, which may include programs to strengthen parental relationships. Another important facet of the law is that it supports transitional or independent living programs for youths who age out of foster care.

Each of the various models of family preservation seeks to help families overcome problems and stay together. Family preservation services are usually intensive and short term, though many families need periodic services for a long time. Social workers teach parents how to effectively parent their children and how to safely oversee their home. Also integral to family preservation is the provision of “wraparound services” by interdisciplinary teams of community professionals (such as social workers or clergy), which wrap services around the family to prevent the child’s removal (Allen-Meares & Fraser, 2004; Downs et al., 2000).

Family group decision making is a model that brings together family members, friends, and other significant adults to create a permanency plan for a child. Family members and friends conference together and agree to tasks that will help the plan work, such as driving a child to therapy sessions. Family group conferencing helps to empower families and involve them in the complex task of seeing their children safely to adulthood (see box 11.3). It also can draw fathers into the process, a goal of the Fatherhood Initiative, launched in 2001 by the U.S. Department of Health and Human Services (American Humane Association, 2003).

Shared family care is another model for preserving families. An example is a faith-based residential center in which mothers at risk of homelessness are taken into specialized foster care. Several mothers and their children share a home with a foster family, and the foster parents help the mothers learn parenting, budgeting, and other skills. The mothers work or attend school and share the housework and cooking. As the residential center continues to offer them food and counseling, it also links the mothers with the local housing authority and other agencies, helping them become self-sufficient so they can find new housing for themselves and their children (Noble & Gibson, 1994).
The Child and Family Program (Gibson & Noble, 2002), which is supported by the Presbyterian Children’s Homes and Services, is another example of a family preservation effort. Churches give space and support to professional social workers who seek out families in need of help. The social workers then help obtain the items and support the families need in order to avoid placing their children outside the home. For instance, two young children lived with their grandmother during their mother’s incarceration. The grandmother survived on a small Social Security check in a dilapidated and rat-infested home. One night a drunk driver plowed into the house. The family had to vacate while the house was repaired. During their absence, the house was vandalized and the family’s possessions—including bedding, clothing, toys, and family mementos—were stolen. The children were heartbroken, and the grandmother was frantic with worry about how to take care of the youngsters. Social workers at the Child and Family Program found resources to clean up the debris and rewire and refurbish the house. Church members restored the inside of the house and donated household goods. Social workers provided counseling—and new toys (Gibson & Noble, 2002).

**Box 11.3 Family Group Decision Making**

LaToya, a seriously diabetic sixteen-year-old girl, lived in a residential setting sponsored by a church. Her mother was addicted to drugs, and her father had just been released from prison after ten years of confinement. Social workers at the residential facility set up a conference with LaToya, her father, and other members of the family, and the social workers conducted a family group decision-making session to help LaToya plan for her future. One critical factor was the money and effort required to maintain LaToya’s diet and health-care regimen. Various family members suggested what they could do to help meet LaToya’s needs, but LaToya wanted her father, whom she had not seen in ten years, to take her home with him. Finally, the father turned to LaToya and said, “Baby, I love you, but I just can’t take care of you right now.” LaToya burst into tears, saying, “That’s the first time you ever told me you love me!” This was a turning point for LaToya, who started coming to terms with her father’s long absence from her life. LaToya continued to live in the residential facility, but family members became more involved in her life.

The Child and Family Program (Gibson & Noble, 2002), which is supported by the Presbyterian Children’s Homes and Services, is another example of a family preservation effort. Churches give space and support to professional social workers who seek out families in need of help. The social workers then help obtain the items and support the families need in order to avoid placing their children outside the home. For instance, two young children lived with their grandmother during their mother’s incarceration. The grandmother survived on a small Social Security check in a dilapidated and rat-infested home. One night a drunk driver plowed into the house. The family had to vacate while the house was repaired. During their absence, the house was vandalized and the family’s possessions—including bedding, clothing, toys, and family mementos—were stolen. The children were heartbroken, and the grandmother was frantic with worry about how to take care of the youngsters. Social workers at the Child and Family Program found resources to clean up the debris and rewire and refurbish the house. Church members restored the inside of the house and donated household goods. Social workers provided counseling—and new toys (Gibson & Noble, 2002).

**FOSTER FAMILY CARE**

Foster care is full-time temporary substitute care in a family-like setting. On any given day, approximately 500,000 children (or about 800,000 per year) are in foster care in the United States. Children stay in foster care an average of thirty-three months, though 17 percent have been in care for five years or more (Pew Commission on Foster Care, 2005). Sixty percent of foster children enter care due to abuse or neglect, but they may also be in fos-
ter care because their parents are incarcerated, disabled, or deceased (Pew Commission on Foster Care, 2005). Foster care is sometimes used to help children who have committed juvenile offenses and children who require special care due to physical or mental health conditions.

Even when their home environments are miserable, children usually are traumatized and confused when they are suddenly removed from familiar settings and placed with strangers. Often they have to change schools and leave behind favorite toys and clothes and neighborhood playmates. Children may feel guilty and bereft about leaving their parents or siblings. Abused and neglected children often exhibit serious behavior problems, such as anger, cruelty to animals or younger children, eating disorders, depression, or inappropriate sexual awareness (Noble & Jones, 2006). They are often behind in school and feel unsuccessful in their personal relationships. Social workers work on the front lines to help foster children and substitute parents deal with these issues (see box 11.4).

Box 11.4 Foster Parenting Challenges

Terry, an eleven-year-old survivor of vicious physical abuse by his biological father, almost vibrated with anger, and his behavior was so difficult that four foster families were unable to help him. Terry’s fifth foster mother, Verna, struggled to cope with Terry’s behavior. She reported to Terry’s social workers that he expressed his frustration with behaviors such as walking up to the toilet bowl but urinating on the floor. The social workers supported Verna in her determination not to reject Terry, and they helped her to come up with innovative strategies to alter Terry’s behavior. Social workers helped Verna understand that Terry, who felt enormously betrayed by his father, was pushing the limits to see if Verna would stand by him, no matter what. Verna described her time with Terry as “tying a knot and hanging on.”

Social workers help recruit, train, and oversee foster parents. To be licensed by the state, foster parents must undergo a home study to discuss how their children and associates will support them in fostering and identify their reasons for wanting to foster. Social workers conduct these studies and educate foster parents on such issues as understanding child development and managing child behavior, as well as addressing a child’s cultural heritage, dealing with a child’s loss and grief, and handling health problems and other emergencies that may occur. Payments for foster care are meant to help cover the foster child’s basic needs. Some foster homes are classified as therapeutic homes; these are homes that are qualified to help children who have serious emotional, behavioral, or medical difficulties. Foster homes may be engaged directly by the public agency, or they may operate under the auspices of various faith-based, civic, or nonprofit entities. Public agencies often contract for housing from private entities for
children. Families may also voluntarily place their children in private foster home agencies. Foster homes are not always safe havens. They can be dangerous if the foster parents are not well trained or not well suited to fostering. Social workers must be closely involved with foster parents, ensuring that they are emotionally able and sufficiently trained to provide suitable care.

Approximately 20,000 to 25,000 young people age out of foster care each year with no ongoing family support. Many become homeless (Allen & Nixon, 2000). They need transitional services, such as those authorized by the John Chafee Foster Care Independence Program of 1999, which gives funding to states to provide youths up to age twenty-one who are leaving foster care with educational, vocational, practical, and emotional support services. Numerous child-care agencies have developed transitional living programs for children aging out of foster care. They also reach out to children who need help transitioning to independence from living situations other than foster care.

For instance, Lily and Tim, ages seventeen and sixteen, awoke one day to find a note from their parents, who had left to join a traveling musical group; the note said that the children were now old enough to make their own way. Though the parents had left a little money, it did not cover the rent. A transitional services agency funded by a private foundation placed the children in a group living situation where social workers taught them such life skills as how to purchase groceries, find an apartment, locate community resources like emergency medical clinics, interview for a job, and deposit a paycheck. The social workers also helped the youngsters deal with the anger they felt toward their parents. The social worker encouraged both children to finish high school and arranged for tutoring services, but Lily dropped out. After eight months at the group home, the siblings got jobs in the food service industry and found an apartment. Though they lived close to the edge financially, they maintained their independence with occasional help from the agency to pay rent. The siblings avoided homelessness and were very supportive of one another.

ADOPTION

Like marriage, adoption is a legal avenue for building a family. Only state courts, and sometimes tribal courts, can grant adoptions, and that can happen only after the biological parents’ rights to the child are legally severed—either voluntarily or because the parents are deceased or fail to perform parental duties for reasons such as incarceration or disability. When a child is adopted, he or she joins a new family, and the state rewrites that child’s birth certificate so that the names of the adoptive parents appear on it. The adopted child enjoys all privileges of membership in the family, including inheritance rights.
An estimated 1.5 million children in the United States, about 2 percent of all American children, live in adoptive families (Downs et al., 2000). Adoption of infants is a small part of adoption activity, since only about 2–3 percent of mothers relinquish their infants for adoption (Mosher & Bachrach, 1996). There are, however, about 126,000 special-needs children—children who are older or who have physical, mental, or emotional difficulties—available for adoption, and finding suitable adoptive placements for most of these children is very challenging (U.S. Government Accountability Office, 2005). According to the Children's Bureau (2002), of those special-needs children who are adopted, about 61 percent are adopted by their foster parents (a process often called “fost-adopt”), about 21 percent are adopted by relatives (kinship adoption), and 18 percent are adopted by nonrelatives. Special-needs children who are adopted may receive federal adoption subsidies and Medicaid insurance to help meet their special needs; however, these subsidies, which vary from state to state, often do not fully cover the costs of services needed (Barth, Gibbs, & Siebenaler, 2001). Because so many children with special needs are available for adoption, agencies often consider untraditional adoptive parents: single or older individuals, gays and lesbians, or those with health problems or limited incomes (see box 11.5).

**Box 11.5 Adoption of a Special-Needs Child**

Reymundo was a never-married gay man who had long wanted to be a father. During the adoption process, social workers studied Reymundo’s home situation carefully and determined that he was emotionally and financially secure and had potential to be an effective, stable, and committed parent. The agency placed Ricardo, age thirteen, with Reymundo as a fost-adopt placement, which meant that Reymundo would act as foster parent for several months so that the agency could determine whether this adoption was in Ricardo’s best interest. Ricardo had mobility and emotional problems due to early abuse; he had been through twelve different foster placements. Because Ricardo trusted no one, he and Reymundo had a few difficult months. Ultimately, however, Ricardo came to believe that Reymundo would set limits without hitting or fighting and would stand by Ricardo no matter what. Their relationship steadily improved, and Reymundo made sure that Ricardo got the physical therapy and emotional counseling he needed. The adoption was finalized a few months later.

Kinship adoption allows children to remain in their larger biological family. If the child is available for adoption because a parent has been violent or neglectful, it is critical that the kinship placement protect the child from the abusive parent.

Another growing segment of adoption is international adoption, which requires parents to comply with laws in both the United States and the
child's country of origin. Some countries, notably Islamic countries, prohibit all adoptions. Other nations, such as Romania, have become increasingly restrictive in allowing children to leave their borders. Children adopted internationally often present special needs, since many have been abandoned, have unmet medical needs, or have spent most of their lives in institutions; these children must adjust to a radically different society, landscape, and language.

Adoption social workers recruit potential parents, thoroughly study potential parents' homes, and help determine the adoptive placements that best meet the child's needs. Many adoption agencies offer post-adoption services to help all members of the adoption triad—biological parents, adoptive parents, and child—deal with their emotions about the adoption experience and to help prevent adoption disruption or failure. They also help families address some adoptive children's needs to search for and reconnect with their biological families. Adoptions of infants and young children may be cloaked in confidentiality, or they may be cooperative or open adoptions, in which the biological family may participate in selecting the adoptive family and may interact with the adoptive family for years. Children who are no longer toddlers, however, remember their original families. Social workers help a child appreciate his or her past with activities such as developing "life books" of the child's history.

Like children from other countries, U.S. children awaiting adoption bring their original culture with them. In the United States, many children awaiting adoption are children of color. Historically, adoption agencies were hesitant to place children of one race or culture with adoptive parents of another race or culture. Since the 1970s, the National Association of Black Social Workers has argued that African American children should be placed in African American families so that they can appreciate their heritage and develop a secure racial or ethnic identity.

There is a strong tension between the desires to quickly find permanent homes for rapidly growing and developing children and to ensure that adoptive homes reflect the children's ethnic, cultural, and/or religious background. To prevent children from staying too long in foster care, Congress passed the Multiethnic Placement Act of 1994 and its amendment, the Interethnic Placement Act of 1996. These laws prohibit any adoption or placement agency that receives federal funds from delaying or denying a child's placement for reasons based solely on the child's or the foster or adoptive parents' race, color, or national origin. (A major exception is the Indian Child Welfare Act of 1978, which mandates that all efforts must be made to keep American Indian children with their tribes.) Social workers assist families in helping their adopted children learn about their heritage, participate in its traditions, and maintain relationships with others of the same heritage.
KINSHIP CARE

An increasing number of children are being raised by grandparents or other kin. Nationally, about 6 million children live in households headed by grandparents or other relatives. About 2.5 million of these children live in homes in which neither of the child’s parents is present, so the relative is responsible for rearing the child (Children’s Defense Fund, 2004).

Older relative caregivers may have limited energy to raise children, and many relative caregivers have modest incomes. Depending on the circumstances, the relative caregiver and/or the child may be eligible for financial assistance through Temporary Assistance for Needy Families or other public assistance programs. Some kinship care families may be eligible for state foster care payments, subsidized guardianship payments, or kinship care payments. If the relative wishes to adopt and the child is legally free for adoption, subsidized adoption may be possible. Children who are disabled, poor, and under eighteen may be eligible for Supplemental Security Income payments. Social workers play an important role in helping kinship care families find the resources they need.

GROUP AND RESIDENTIAL CARE

Many children enter foster care after being housed in emergency shelters, group facilities that accept children who suddenly must be removed from their homes for protection. Emergency shelters usually serve a child for no more than a few weeks while social workers and courts make other plans for the child.

Other types of group living arrangements, usually run by an agency or institution, serve particular groups of children, such as children who have run afoul of the law or children who are developmentally disabled. Group homes are staffed, based on the children’s needs, either by live-in house parents or by shift workers (to ensure constant awake staff). Group homes use the services of social workers, psychologists, nutritionists, and other professionals.

Residential institutions may serve dozens of children who can benefit from a group environment that provides a variety of professional services. Such facilities, which vary widely in size and location within the community, offer residential treatment for children who are dependent and neglected or who have emotional, behavioral, developmental, substance abuse, or delinquency problems. Typically, residential centers provide many professional services as well as a structured environment with established routines and supervision. For children who are psychologically damaged by abuse and have difficulty forming relationships, residential care can offer a safe and homelike atmosphere without forcing children to form close family-like relationships. Some children need the opportunity to maintain emotional
distance, something that is harder to achieve in foster family care. In other cases, large sibling groups that cannot be accommodated in a single foster home can stay together in residential facilities. Children living in facilities may be wards of the state, or they may be placed in the facility directly by their families.

American religious and civic institutions have always helped families in need, particularly in ethnic communities. Faith-based groups have long received federal money to help families, but they were required to separate religious functions from the federally funded services they offered. In 1996, as part of welfare reform legislation, Congress passed a Charitable Choice provision allowing faith-based groups to use public monies to provide social services that are openly religious in nature. A growing number of states are also contracting out public functions such as foster care to private nonprofit and for-profit organizations. Advocates of privatization argue that private services can be more innovative, rational, and accountable and less expensive and can provide more choices for consumers because the services are more removed from political decision making. In reality, privatization may simply be an expression of the American preference for capitalism. People who argue against privatizing public services claim that private organizations make choices based on costs and desire for profits; private organizations, they claim, provide low-quality care and less choice for consumers, and there is less cooperation and service integration among service providers (Petr, 1998). Regardless of the arguments, social services today are increasingly provided through partnerships between public and private entities. These partnerships can bring a broad array of people and organizations together to share ideas and resources to attack the problems that beset children and families.

SERVING CHILDREN IN SCHOOLS

The academic and social challenges that children face often prevent them from doing well at school. Social workers help children, their parents, and schools overcome barriers to learning and make school a more productive environment. Social workers in schools, for instance, help parents assist their children to learn outside school and to overcome family tensions so that children have more peaceful environments in which to study. Social workers help students with disabilities or other special needs access the educational services they need. They can help students overcome test anxiety or direct them to activities at which they excel. When students face a painful event, such as the death of a family member or a fellow student, social workers help them and their families cope with the situation.

To maximize learning, children need to feel safe in their schools and their neighborhoods. For example, when the school environment is disrupted by excessive bullying, social workers help students and faculty
devise ways to reduce bullying and guard against its negative effects. In emergencies, school social workers can be invaluable. During traumatic events such as school shootings, social workers can help students stay calm and safe in the face of danger. Social workers also help children deal with having seen or heard about terrorist events.

Social workers often link community groups and schools to help children. A social worker, for instance, developed a partnership between a low-income high-need school and a church that trained mentors to work with children and their parents to improve educational outcomes. Through the social worker, the church secured a grant from a foundation to expand the program. Some school districts operate mental health units that use social workers to counsel children and families; others partner with community mental health clinics. School social workers also work with faculty and staff to identify potential abuse and neglect and instruct them on how to report cases.

Often social workers are involved with procedures related to the Individuals with Disabilities Education Act of 1990, often called IDEA. This legislation provides federal monies to states to augment education for children with mental, physical, or emotional disabilities (see chapter 10). Children with special educational needs are more likely than others to be disadvantaged and in need of social services (Oswald, Coutinho, Best, & Singh, 1999).

THE CHALLENGES OF SERVING CHILDREN

While the rewards of serving children are tremendous, the challenges can be daunting. Social workers serving disadvantaged children and families have the reward of knowing they help enhance children’s lives. To do so, however, social workers deal with angry, frightened families in crisis, often in poor neighborhoods that may not be safe. They frequently have heavy workloads, get limited supervision, and earn less than the demands of their jobs warrant (Annie E. Casey Foundation, 2003). Child-serving agencies are also frequently the subject of negative media reports and legislative attention due to adverse publicity. When a child under the care of a child-serving agency is seriously harmed or killed, agency staff may hear threats of legal liability, though court cases have established precedents that may protect child welfare staff from liability (DiNitto, 2007). Because of stressful work circumstances such as these, child welfare staff turnover commonly exceeds 30 percent a year (Nissly, Mor Barak, & Levin, 2004).

High turnover has forced many child welfare agencies to hire child welfare workers who hold degrees in fields other than social work and then train them on the job. In fact, fewer than 15 percent of child welfare agencies require caseworkers to hold either a bachelor’s or master’s degree in
social work, despite numerous studies demonstrating that staff who hold the BSW or MSW exhibit more effective job performance and have lower turnover rates (Child Welfare League of America, 1998).

Social workers in schools do not deal with acute life-and-death crises with the same regularity that child welfare workers do, but school social work nonetheless demands ingenuity, focus, and energy. Both child welfare workers and school social workers operate in large bureaucracies, which can create barriers to innovative and timely problem solving.

One key to success is developing partnerships that bring more people and organizations, with their ideas and enthusiasm, into the problem-solving process to create new approaches to help children and families. One successful partnership involves schools of social work and public child welfare agencies in more than forty states. Using Title IV-E dollars and state contributions, schools of social work have prepared thousands of students for child welfare careers by providing stipends in exchange for a commitment to work in child welfare agencies following graduation.

Some state child welfare agencies are striving to become accredited by the Council on Accreditation. The accreditation process helps agencies recruit and retain more and better-qualified staff; decrease caseloads; and ensure better supervision, work environments, and case outcomes. Illinois, Kentucky, Arkansas, and Louisiana currently have accredited state systems, and other states, such as Connecticut, are working toward accreditation (Council on Accreditation, 2005). Some states use competency-based interviews to screen job candidates in order to secure employees better suited for the work, and some use videos portraying child welfare workers doing their jobs in order to help candidates determine if they really want to do this work. In a few states, the agency offers bonuses to new child welfare workers or to workers who achieve an anniversary date; this strategy holds promise for helping agencies retain staff. In states such as Kentucky, experienced child welfare workers mentor new child welfare staff for three months to increase their confidence and prepare them for the challenges of the job (U.S. General Accounting Office, 2003). Strategies such as these help agencies find and keep effective staff to do the difficult work of serving children and their families.

SUMMARY
There are many challenges and opportunities in working with children and their families. Professional social work has played a unique role in creating strategies (such as laws and programs) and structures (such as child welfare systems, schools, and child-focused agencies) that aim to protect children and help families provide homes and relationships in which children can safely grow and prosper. As society deals with the serious effects of poverty
and violence, social workers and other professionals serving children and families who are at risk for difficulties will continue to be called upon to study and develop avenues for intervening to help children. Working with and for children is an investment in the future of humanity.

**SUGGESTED READING**


Karson, M. (2001). *Patterns of child abuse: How dysfunctional transactions are replicated in individuals, families, and the child welfare system.* New York: Haworth Maltreatment and Trauma Press. This work provides a systemic perspective on abuse and neglect and explores the patterns of maltreatment from generation to generation. It also identifies effective treatment approaches.


Petr, C. G. (2003). *Social work with children and their families: Pragmatic foundations.* New York: Oxford University Press. This book integrates policy and practice based on these perspectives: (1) combating adultcentrism, (2) family practice, (3) the strengths perspective, (4) respect for diversity and difference, (5) the least restrictive alternative, (6) ecological perspective, (7) organization and financing, and (8) achieving outcomes. It includes case studies that demonstrate practical applications of the perspectives and provides information on child welfare and children's mental health that is appropriate for students and professionals.


**THE WORLD WIDE WEB OF SOCIAL WORK**

**Child Welfare Information Gateway** [http://www.childwelfare.gov](http://www.childwelfare.gov)

The Child Welfare Information Gateway, formerly the National Clearinghouse on Child Abuse and Neglect and the National Adoption Information Clearinghouse, provides access to information and resources useful for protecting children and strengthening families. The site contains links to information on understanding, preventing, and responding to child abuse and neglect; supporting and preserving families; and achieving and maintaining permanency, as well as information on out-of-home care, adoption and resources for adoption, statistics, conferences, and assistance with personal situations.

**Child Welfare League of America** [http://www.cwla.org](http://www.cwla.org)

The Child Welfare League of America is a nonprofit organization that provides services to aid children and families. CWLA's Web site offers information about child advocacy and empirical research and data on the status of children and families in the United States.

**Focus Adolescent Services** [http://www.focusas.com/Abuse.html](http://www.focusas.com/Abuse.html)

This Web site provides information and resources relating to child abuse and neglect, specifically regarding adolescents. The site gives links to information that can help parents tell whether their child is exhibiting at-risk or self-destructive behaviors, and phone numbers that parents can call if they need assistance. The Web site also contains information about abuse and neglect, the use of technology to exploit adolescents, and dating violence. It gives links to resources such as books, events, speakers, and information for schools.

**Prevent Child Abuse America** [http://www.preventchildabuse.org](http://www.preventchildabuse.org)

Prevent Child Abuse America provides resources that individuals and organizations can use in their efforts to prevent child abuse. The site gives links for information on advocacy, research, publications, and conferences that focus on prevention efforts throughout the United States.