Session 1. On Family Preservation
Basic question of family preservation

*Given exposure to child maltreatment – does foster care help or hurt?*

Lots of people answer, ‘it hurts’ – why?

- Sometimes it does – long-term care, unstable/inadequate placements, multiple removals, etc. – but can we generalize?
  - Does that apply to your state/context?
  - Evaluate using your own data

- Conflating effects of maltreatment with effects of foster care: poor counterfactuals
  - Causal inference strategies
What Does the Best and Most Recent Available Evidence Tell Us about Foster Care?

- **Well-established:** Safer – lower rates of revictimization and death
- **Suggestive:** Improved cognitive/school outcomes
- **Unclear/mixed effects on juvenile & criminal justice involvement**
- **Suggestive:** Lower rates of teen pregnancy and parenthood

Lots of heterogeneity by age and exit type

Open-Access Links to Recent Research

- Berger, Cancian, Han, Noyes, & Rios-Salas. 2015. “Children’s Academic Achievement and Foster Care.” Pediatrics

Recent Reviews of Evidence

Session 2. Enforcing Time Frames
Length of stay

- **Why timelines are so important**
  - Children’s need for knowing where they belong
  - The implications of chronic uncertainty and unpredictability

States vary on how many kids have long-term stays:
% with 3+ year stays, 2016FY entries by state
What works?

- **HHS report** - Comparison of UT, WI, and IL
  - Clear policies for exception/override of ASFA guidelines appear to help kids exit to permanency quickly
  - Discordance between requirements for TPR and guidelines for filing - time elapsed not evidence of TPR criteria [fitness/reasonable efforts]
    - Critical for clear documentation of efforts/progress made/continued risk to start day 1, not day 450

- Using “aggravated circumstances” where appropriate

- Does it make sense to wait for adoptive placement to file TPR? (the ‘legal orphan’ concern)
Understanding the benefits of kinship care - should there be exemptions?

• Research showing benefits of kinship care can only extend to “typical” scenario:
  • Placed with close relative, typically maternal grandmother, first or near entry to care
  • Previously-established relationship between relative and child
  • Relative meets established criteria for placement (no criminal/CPS record, etc.)
• No evidence that benefits would emerge under different conditions
• Even when those conditions exist, benefits/harms should be assessed individually:
  • Children with fewer disabilities/mental health problems selectively placed in kinship care → kin-placed population is healthier at outset
  • Evidence on positive effects limited largely to caregiver-reported behavior problems (not other indicators of behavior) and placement change (problem with measurement error)
Session 3: Parental drug use
How much of a problem is it?

• **SAMHSA report**: 1 in 12 children live with an adult who meets criteria for a substance use disorder: alcohol (10%) or illicit drugs (3%)
  • Likely an underestimate for illicit drugs due to **self-report**

• Child welfare stats nationally – limited to unreliable data on removal reason

• In Child Welfare: CA study shows parental substance use is a concern in ~ half of neglect investigations

![Parental substance use concerns in neglect investigations by type of alleged neglect](image-url)

Source: Palmer et al., 2022 (Article under review)
1994 ACF report summarizes well

A parent's overriding involvement with alcohol and other drugs may leave the parent emotionally and physically unavailable to the child. A parent's mental functioning, judgment, inhibitions, and/or protective capacity may be seriously impaired by alcohol or drug use, placing the child at increased risk of all forms of abuse and neglect. A substance-abusing parent may “disappear” for hours or days, leaving the child alone or with someone unable to meet the child's basic needs. A parent may also spend the household budget on alcohol and/or other drugs, depriving the child of adequate food, clothing, housing, and health care. A child's health and safety may be seriously jeopardized by criminal activity associated with the manufacture and distribution of illicit drugs in the home. Consistent exposure to parental abuse of alcohol and other drugs may contribute to the child's own substance abuse.

But “a positive drug test or a series of positive drug tests should not be used as the sole factor in the removal of a child from the home or to determine parental visitation.”
Primary avenues of inquiry in cases involving parental substance use

Did the parents’ use of substances or efforts to acquire substances result in:

- **Prenatal exposure** for child → developmental harms

- **Diversion of limited resources?** → child deprived of food, shelter, hygiene

- **Diversion of time/energy?** → child deprived of cognitive and emotional stimulation → development delays & **insecure attachment**

- **Incapacitation** when primary caregiver?
  - → Risk for accidental injury in young children
  - → Inability to protect & gatekeep → abuse/exploitation by unvetted / unsafe persons (e.g., dealer/purchaser, co-user)

- **Volatile, erratic, or threatening behavior** when intoxicated or ‘coming down’?
Session 5: Emphasizing prevention – What does that mean?
What does “prevention” mean?

Children exposed to maltreatment were often at risk of harm from the moment they entered the world.

- They are disproportionately born to parents who are very young, neither married nor stably cohabiting, abuse drugs and alcohol, were themselves abused or neglected, and are disconnected from the labor market.
- In such cases, the window for primary prevention—meaning, preventing the onset of risk—was never open.

Child welfare is thus primarily concerned with:

- secondary prevention – preventing maltreatment in high-risk families
- tertiary prevention – preventing recurrence of maltreatment AKA intervention
Skepticism warranted on secondary and tertiary prevention

• When CPS is not involved, at-risk parents overwhelmingly elect not to participate in those prevention programs or drop out before completion.

• Programs typically have modest, short-term, or no effects on child abuse and neglect; programs that repeatedly show null, weak, or inconsistent effects on child maltreatment are deemed “well-supported” in the federal clearinghouse for programs that are supposed to safely keep abused and neglected children with their parents.

• They are largely ineffective for parents with substance abuse problems.
What about economic supports?

Is it true that we could drastically reduce maltreatment and nearly eliminate foster care if the government gave parents more economic support, either within or outside of a CPS system?

- Policies that incentivize work, like the earned income tax credit or higher minimum wages, as well as individual-level interventions that reduce reliance on public assistance, appear to modestly reduce (but come nowhere close to eliminating) child maltreatment and foster care entries.

- The evidence is far less clear on unconditional and indefinite economic support, but not-much-lower rates of suspected or identified child maltreatment and associated interventions in countries with more robust social safety nets suggest we should temper expectations.
If not prevention, early detection?

Proponents of prevention are right that earlier is better

- Maybe? Universal screening
- Minimally? Stopping harm after a child’s **first** CPS contact

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**Subsequent CPS involvement for children investigated for neglect in their first year of life (California birth cohort)**

- Referral
- Substantiated allegation
- Placement
- Physical abuse allegation
- Sexual abuse allegation

**Total CPS investigations by age 12**

(22-state estimate from Kim & Drake, 2021)

- One
- Two or more
- Three or more
- Four or more

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2. [Kim & Drake, 2021](#)
After detection, can we help kids rebound?

• Children reported to CPS are at very high risk for cognitive/developmental delays & social/behavioral delays

• Cannot assume any beneficial effects of services to parents will “trickle down” to kids
  • Effects too small & inconsistent to reverse harm already inflicted
Session 7: Racial Disproportionality
What is the concern?

• Higher rates of contact for Black children: 46% to 53% half of Black children have contact with CPS during childhood (about 2x higher than for White children)

• Black children about 21% of CPS ‘victims’ and foster care entries versus 14% of population (2019)
And also:

29% of children killed by maltreatment are Black

Similar gap in maltreatment rates estimated from national incidence studies

Gap in CPS involvement aligns with other risk factors

Experiment with “race-blind” removals in MI found no change
Is there bias?

• Lots of local variation – should not draw conclusions from national data given population dispersion/clustering
• Could involve under- or over-responsiveness
• Look at outcomes, not just processes (e.g., equal rates of reunification doesn’t mean equal treatment / protection)
• Use your own data to decide