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The Evolution of Child Welfare Reform

Crystal Collins-Camargo, MSW, Ph.D.

The Impetus and Characterization of Reform

Compared with other human service fields, child welfare is relatively young. While private agencies have served children and families for more than 100 years in a variety of ways, the child welfare system as we think of it was established as a public agency mandate in the 1970s, with the passage of the Child Abuse Prevention and Treatment Act (CAPTA) and related state-specific legislation (Embry, Buddenhagen, & Bolles, 2000). As state agencies began to systematically respond to reports of child maltreatment, our lack of satisfaction with the “system” soon followed. The term “reform” implies something important about how we view it. Merriam-

actions contribute to effective reform and what remains undone.

Philosophical Approach

Undergirding most reform is a pendulum swinging back and forth over time: Do we risk erring on the side of protecting the child or maintaining the family? Embedded in our American culture is a longstanding value of individualism and upward mobility. We believe we have a right to autonomy. The sanctity of the American family is touted. The circumstances under which we are willing to intervene in families and the primary goal of such intervention shifted over time. Federal policy has attempted to correct perceived over-emphasis on extremes – removing

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Webster defines the term in these ways: “to put or change into an improved form or condition” and “to put an end to (an evil) by enforcing or introducing a better method or course of action” (n.d., para. 2). Reform efforts intending to improve the condition of the child welfare system by introducing new and better methods to serve children and families, continue to evolve.

We have sought to improve the system in a variety of ways over the past 40 years. These efforts fall into categories: philosophical approach, legislative mandate, responsible party, and practice techniques and models. This article will provide a brief overview of major trends in child welfare reform in each category, ending with a summary of what

children from their homes to “languish” in foster care long-term (e.g., National Center for Policy Analysis, 1997) or preserving the family unit with extensive rehabilitative efforts (e.g., McCroskey, 2001).

Another example of philosophically based reform has been in the conceptualization of the primary role and manner of the system. Agencies have moved from an investigative focus to that of assessment and treatment. In response, worker skill sets have shifted from forensic interviewing and evidence collection (e.g., Cronch, Viljoen & Hansen, 2006) to family engagement and collaborative decision-making (e.g., Pennell, Burford, Connolly & Morris, 2011).

Legislative Mandate

As a service delivery system grounded in public policy, statutory change has often driven child welfare reform. We have continued to pass legislation to hone the system to enhance our focus and emphasis when issues arose, such as the need to nurture lifelong connections for foster children transitioning to adulthood, or facilitate adoption (see Zlotnik, this issue). Some of these changes reflect the sort of conceptual shift described above, or an attempt to right an identified trend such as lack of timely progression to permanency. Other types of legislated reform have served to push the field forward toward enhanced transparency and accountability by mandating processes such as the Child and Family Service Review and disclosure of information on fatalities and near fatalities.

Responsibility for Child Welfare

As was mentioned earlier, private nonprofit agencies have long provided an array of services to children and their families, but when the child protective services system became a public agency mandate, state or county governments became the responsible party for case management, with families referred to outside agencies for discrete services. Over the past 20 years some states have used contracting to shift core services, including case management in some areas, to the private sector (Collins-Camargo, Ensign and Flaherty, 2008). Today the provision of child welfare services occurs on a continuum of public/private partnership with varying models for organization, approaches to management of contractual relationships and degrees of success. (See Snell and McBeath, this issue).

Reform has also emerged through debate regarding the role of the community in the protection of children. Rather than being seen primarily as a governmental function, emphasis on community based child protection has yielded innovations such as neighborhood-based service centers and use of informal supports with families and differential response systems that formalize referral of lower-risk families to community-based agencies rather than intervention by the public agency (Waldfoegel, 1998). Other efforts have given community based entities oversight roles such as citizen review panels to promote accountability (e.g., Blome & Steib, 2007). Most recently the literature has begun to promote measurement of the collective impact of multiple agencies and the establishment of



systems of care in which an array of agencies collaborate to serve families in culturally responsive ways (Mitchell et al., 2012).

Practice Techniques and Models

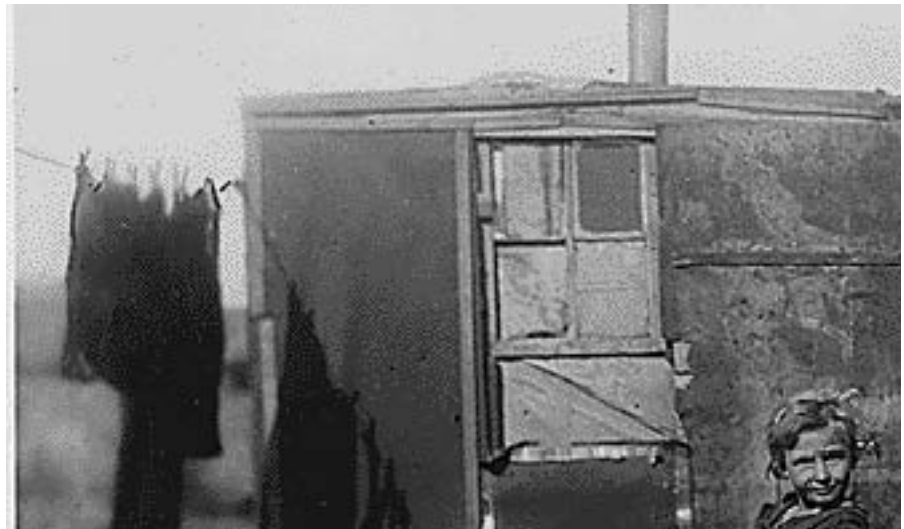
Another area of reform involves the call for evidence-based or -informed practice. Our field is behind others in the establishment of such approaches (Barth, 2008). The move toward manualized practice techniques grounded in theories of change is going away. Many child welfare systems have instead sought to implement evidence-supported practice models such as solution-based casework (e.g., Antle, Barbee, Christensen & Martin, 2008) or the use of standardized tools and practices such as risk and safety assessment protocols and matrices (e.g., Barber et al., 2008). Recent reform has involved the establishment of trauma-informed care and efforts to promote collaboration of child welfare and behavioral health systems to better serve families (e.g., Bunger, Doogan, & Cao, 2014).

Similarly, federal legislation and the literature have joined in the call for outcome measurement and data-informed decision-making. While imperfect, the federal Child and Family Services Review process has instituted performance standards, systematic assessment of systemic factors, and cyclical performance improvement plans to move states in a positive direction. Management information systems with the ability to provide reports on a case, worker and team level have grown. Agencies are exploring the use of predictive analytics, complex modeling programs, user-friendly dashboards to inform practice, resource allocation, and administrative decision-making (Lindsey & Shlonsky, 2008).

What Have We Learned?

Reform efforts are often born of scandal – tragedies involving children known to child welfare agencies. Governors or legislators establish blue ribbon panels to examine the system and mandate drastic changes with short timeframes. Solutions are rolled out without comprehensive analysis of contributors to the problem or the effectiveness of the proposed intervention. Research has demonstrated the unfortunate impact of poorly planned and implemented reform initiatives (Flaherty, Collins-Camargo, & Lee, 2007).

Perhaps the most important lesson we can learn from many reform efforts is that a thorough, data-driven analysis of the problem, possible solutions, and the outcomes sought is critical. Change – any change – is not necessarily good. Thorough analysis and planning is important. These



Public Health nursing made available through child welfare services, 1935.

By Franklin D. Roosevelt Presidential Library and Museum - Franklin D. Roosevelt Presidential Library and Museum, Public Domain,

processes should be inclusive not only of policy makers and administrators but supervisors, front-line staff, youth, and families who are close to the problem and are often well prepared to develop promising initiatives.

Also, we have learned we must pay attention to what implementation science has taught us. Policy change on its own is insufficient and dooms promising efforts to failure. Implementation supports, as well as sufficient time to plan, implement, assess, and adjust implementation are critical to a successful reform effort (see Metz, this issue).

Forty Years into Child Welfare Reform – What Remains to Be Done?

This is complex work, and it is not surprising that we have yet to find the silver bullet. While I would argue progress has been made on a number of fronts, substantial effort is needed in a few areas:

- **Child Welfare Finance Reform:** We remain tied to an antiquated financing system based on out-of-home care placement and old poverty rates. While many have lamented the need for focus on prevention, we must fund the system in a way that supports needed and effective services. A number of states have participated in Title IV-E Waivers that enable testing of innovative approaches, but the solution is not through a waiver of policy requirements but a revision of the requirements themselves and the allocation of resources.
- **Genuine Public-Private Partnership:** While states have privatized some services and innovated contracting processes to promote outcomes, a shift to collaborative systems that build on the strengths of each

sector and the community it serves and operationalizes shared vision of collective impact on families is needed.

- **Integrated, Sophisticated Decision-Support Systems:** The child welfare system is rarely integrated with other systems such as education, behavioral health, and juvenile justice and does not support the type of analytic processes required to plan, support, and evaluate reform efforts. Our data systems need to be as responsive to the needs of front-line workers and supervisors as the requests of policy makers. Policy and resources, in turn, must be devoted to mandating and facilitating movement to true evidence-informed practice.

It is unclear if we will ever get the work of child welfare “right.” If it were easy, with the amount of effort and expertise devoted to it, we would have done so by now. The needs of children and families are complex and evolving. The field has called for an outcomes-oriented approach to the work (Testa & Poertner, 2010). We need to stop thinking about reform as something we can complete, and build an adaptable, data-informed, collaborative system designed for ongoing enhancement rather than reacting to the latest crisis or recommendations of this year’s blue ribbon panel. Perhaps then the term “reform” will no longer apply.

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