Beyond safety and permanency

Making well-being a focus of policy and practice for children in state care

Mark E. Courtney

This essay explores some of the reasons why child welfare policy has too often avoided an explicit focus on child well-being. The historical origins of child welfare services contribute to avoidance of child well-being in policy discourse. In addition, program administrators are reluctant to explicitly take responsibility for the well-being of children they serve because of concerns about added liability, the belief that public institutions other than the child welfare system should be held responsible, and the fear that child welfare services will be unable to ameliorate the damage that children often suffer before entering care. Three empirical studies of child welfare populations in the US are used to examine the inextricable links between child safety, permanency and well-being. It is argued that broadening child welfare policy to embrace child well-being as a policy goal will only enhance the likelihood that child welfare agencies will improve child safety and permanency outcomes.

KEYWORDS: foster care; child welfare services; child welfare policy; child well-being; child safety; permanency.

Mark E. Courtney is Executive Director of Partners for Our Children, a public-private partnership at the University of Washington devoted to improving child welfare services. Dr. Courtney is also the Ballmer Chair for Child Well-Being in the School of Social Work at the University of Washington. Email: mark.courtney@partnersforourchildren.org

In recent decades, child welfare policy has tried to balance somewhat competing policy goals of child safety and child permanency. However, while policymakers and advocates often discuss the importance of focusing on the 'well-being' of children in state care, policy has lagged in this regard (Wulczyn, Barth, Yuan, Harden & Landsverk 2005), particularly in the US. Indeed, while the Adoption and Safe Families Act of 1997 (ASFA)[1] in the US established a set of national performance standards by which state child welfare agencies are to be held accountable for improving out-of-home care of abused and neglected children, the law does not mention well-being as an outcome of interest, mentioning specifically only 'length of stay in foster care, number of foster care placements, and number of adoptions' (42 U.S.C. 679b). To be sure, some US states have made efforts to include well-being in state-level legislation, and the Looking After Children framework originally developed in the UK and being implemented to various degrees in some other countries, including Australia, provides more of a focus on the overall well-being of children in state care. Nevertheless, observers still question how well the state can act as 'corporate parent' (Bullock, Courtney, Parker, Sinclair & Thoburn 2006) and it seems fair to assert that ensuring child safety and permanency still predominate as guiding principles of child welfare policy in much of the Western world. Why has child welfare policy failed to embrace the well-being of children in state care as its central goal?

In this essay I explore some of the reasons that child welfare policy has tended to avoid an explicit focus on child well-being. I use the term 'well-being' here broadly. In keeping with the notion of the state's role as parent of children in out-of-home care, I use the term to refer to any aspect of functioning that an average parent would be concerned about with respect to their own child. I then use three empirical studies of child welfare populations in the US to examine what I consider to be inextricable links between child safety, permanency and well-being. I argue that broadening child welfare policy to embrace child well-being as a policy goal

---

[1] ASFA was a fairly comprehensive set of amendments to Titles IV-B and IV-E of the Social Security Act, the provisions of US law that provide the core of US child welfare services policy. While the law has been amended subsequent to ASFA, the basic provisions pertaining to national performance standards have remained intact.

will only enhance the likelihood that child welfare agencies will improve child safety and permanency outcomes.

My argument relies on an analysis of the situation in the US. While I believe that some or all of my arguments may apply equally well to other countries, I do not take up that question directly here. Moreover, in making my case, I present findings from three studies in which I have been involved in the US. While I occasionally reference other research, I have made no attempt here to review or integrate all of the US research that is relevant to the child welfare issues I address, let alone all relevant research from other countries.[2]

WHY NO FOCUS ON CHILD WELL-BEING?

Policymakers and administrators have both historical and practical reasons for being reluctant to organize the child welfare system around child well-being. Beginning in the 19th Century, the child welfare system in the US originated as a child protection system, focused on 'saving' children from 'unfit' families. The longstanding respect for parents' rights to raise their children did not go away, but juvenile courts and child welfare agencies generally focused on child removal and then efforts to 'rehabilitate' parents so that families could be reunified. Out-of-home care was not organized around providing optimal child rearing to children at risk since that might lead to 'dependency' of poor families on the child welfare system, thinking that was at least partly a legacy of the English Poor Law tradition.

The concept of permanency planning, which gained widespread support in the 1970s and has served as the central premise of child welfare policy in the US since the 1980s, arose out of the recognition that a narrow focus on child safety had its limits. The number of children in out-of-home care in the US had grown to over 500,000 by the end of the 1970s and many observers concluded that too many children entered care unnecessarily and that too many who entered languished in care with little prospect of return home or adoption. The growing emphasis during the 1980s and 1990s on the development of family preservation services, family reunification services, concurrent planning, improved adoption services, and use of guardianship arrangements reflected the desire of policymakers, organized philanthropy, and program administrators in balancing child protection with efforts to ensure that children had physical and psychological permanency.

The growing interest of child advocates in adding child well-being to the child welfare policy mix arguably comes from an evolving appreciation of the limitations of an exclusive focus on child safety and permanency. As the examples I share below illustrate, placement of children in out-of-home care does not ensure that they will do well in basic areas of functioning that are of interest to any responsible parent. Given that this is certainly not news to child welfare policymakers and administrators, why, in addition to the historical reasons described above, are these leaders sometimes ambivalent about making child well-being a goal of the child welfare system?

Three fairly understandable reasons come to mind. First, given that many children enter out-of-home care suffering from the damage of years of maltreatment, administrators are reluctant to be held accountable for their inability to reverse such damage. In particular, since many children only spend a short time in state care, system leaders are reluctant to be held accountable for outcomes that they believe the child welfare system is ill-equipped to address in the short term. Of course, while this concern may be appropriate in the case of children who spend only a few days in care, it is less compelling for those who experience longer stays.

Second, child welfare program managers rightly raise questions regarding which institutions should be held accountable for children's well-being. Should not schools be held accountable for children's educational outcomes? Is not the health care system better equipped to take responsibility for children's health? While these are reasonable questions, and shared accountability between systems is a more realistic goal than holding the child welfare system solely accountable for the well-being of children in care, child welfare agencies hold the primary responsibility for corporate parenting and should not be let completely off the hook. This is particularly true for children and youth who spend considerable time in care.

Third, program administrators are reluctant to take on any more responsibility for children in state care, and the legal liability associated with that responsibility, than they already have. Child welfare agencies in the US too often operate with a siege mentality. Class-action reform litigation has led many child welfare jurisdictions to operate under some kind of court oversight, which is often focused on forcing child welfare agencies to meet a wide range of procedural goals focused on child safety and permanency (Blome & Steib 2007). In this context it is perhaps not surprising that administrators are not eager to add child well-being outcomes to the set of metrics by which they are judged.

---

[2] This paper is based on a keynote presentation made at the Australian Association of Children's Welfare Agencies Conference, August 19, 2008, Sydney, Australia. For that presentation, the author was asked to draw upon his own research with respect to the question of moving policy from a focus on child safety and permanency to child well-being, not to provide an overview of all potentially relevant research. This paper reflects that focus.

EXAMPLES OF THE RELATIONSHIP BETWEEN SAFETY, PERMANENCY AND WELL-BEING

In spite of the understandable reluctance of policymakers and program administrators, I believe that child well-being should be a major focus of child welfare policy and practice if for no other reason than the fact that well-being is inextricably linked with child safety and permanency. Failure to explicitly account for the entire range of children's well-being undermines efforts to protect children and ensure their permanency. Likewise, the operation of the child welfare system in its pursuit of child safety and permanency can undermine child well-being, though this need not be the case if all three of these goals are considered together.

I now turn to three studies of child welfare populations to illustrate this point. All of these studies were conducted by the Chapin Hall Center for Children at the University of Chicago.[3] Chapin Hall is a university-based, applied research center devoted to improving services for children and their families.

The growing interest of child advocates in adding child well-being to the child welfare policy mix arguably comes from an evolving appreciation of the limitations of an exclusive focus on child safety and permanency.

EDUCATION OF FOSTER CHILDREN

Until recently little attention was paid to the educational attainment of children in out-of-home care in the US, though reviews of the available research suggested that foster children did poorly in school and had poor levels of educational attainment as adults (Stone 2007). In 2002, in partnership with the Illinois Department of Children and Family Services (DCFS) and the Chicago Public Schools (CPS), Chapin Hall embarked on a study of the educational experiences of children in DCFS care in Chicago, Illinois (Smithgall, Gladden, Howard, Goerge & Courtney 2004). The study included quantitative analysis of administrative data on children's child welfare system involvement and educational outcomes (academic performance, school mobility, and special education placement), qualitative interviews that explored the context and process of

---

[3] The author was Executive Director of Chapin Hall from 2001-2006 and served as Principal or Co-Principal Investigator for the three studies discussed in this essay.

children's educational experiences, and a national search to identify programs and practices that target the educational needs of children in care.

Quantitative data for this study were pulled from Chapin Hall's Integrated Database on Child and Family Services in Illinois, which contains data from DCFS's Child and Youth Center Information System and the Chicago Public Schools Student Information System. Because there are no identifiers that directly link students between the two systems, a technique called probabilistic record matching was used to identify school records for children in DCFS care. Of the 19,371 children who were DCFS wards or in permanent placements, were between the ages of 6 and 17, and were living in the City of Chicago continuously between February 1, 2000 and May 1, 2000, 81.6 per cent were matched to a student in the CPS data. In order to learn more about the circumstances of these children, we conducted in-person, semi-structured, qualitative interviews with 31 DCFS and private agency caseworkers, foster parents, and school staff (principals and school case managers or school counselors). Several key findings of the study are relevant to the discussion here:

- Significant proportions of these students have low achievement test scores before and after entering care, are being retained a grade, or are dropping out of school before the end of their twelfth grade.

- Students in care are likely to attend multiple schools during their time in care, and much of this school mobility can be attributed to their care experiences (e.g. initial placement and placement disruption).

- Special education placement of children in care may inappropriately result from the low achievement of children in care (i.e. they need remedial education, not special education) or from their care experiences (e.g. children entering care and experiencing behavior problems associated with the transition may be inappropriately labeled as having a chronic behavioral disorder requiring special education placement).

- Opportunities for the development of strong working relationships among school staff, caseworkers, and foster parents may be constrained by such factors as the child welfare agency's approach to case assignment, foster care placement instability, and worker turnover.

- Communication between all of the parties involved in these children's education is often complex and ineffective, or lacking altogether.

The fact that nearly three-quarters of Chicago Public Schools students in care had been in care for two or more years highlights the need, responsibility, and opportunity to address the educational needs of these children, an important aspect of their well-being. This study's findings point to ways in which the operation of the child welfare system

directly influences children's well-being. In particular, aspects of permanency influence children's educational outcomes. For example, children in care who reside in the same location throughout the academic year have school mobility rates very similar to students who have not had any child welfare system contact, whereas those whose entry into care, exit from care, or placement changes necessitated a change in residence experienced significantly higher rates of school mobility.

RUNNING AWAY FROM FOSTER CARE

Running away from home puts youth at serious risk of victimization, sexual exploitation, substance abuse, offending, and presence in places where criminal activity occurs (Biehal & Wade 1999; US Department of Justice 2002). Youth in out-of-home care are particularly vulnerable to running away from care as they have already experienced a disruption in living arrangements stemming, in the majority of cases, from documented abuse or neglect. Studies of foster care populations in several US states and Great Britain reported that 23 to 71 per cent of the youth ran away at some point while in care or were discharged from care as runners (Biehal & Wade 2000; Courtney & Barth 1996; Nesmith 2006). In addition to being an indicator of poor child well-being, running away is a clear threat to physical and psychological permanency.

In 2004, Chapin Hall embarked on a study of runaways from out-of-home care in Illinois in collaboration with Illinois DCFS (Courtney, Skyles, Miranda, Zinn, Howard & Goerge 2005).

The data used for the study came from the state management information systems dealing with placement histories including the living arrangements of children in out-of-home care, child maltreatment investigations, and the Illinois Medicaid Paid Claims database, which was used to obtain data on the mental health and substance abuse treatment received by children and youth in care. The overall study population was the 14,282 youth under DCFS supervision who ran away from out-of-home care for at least one night between 1993 and 2003. In-depth qualitative interviews were also conducted with 42 youth who had recently run away from and returned to out-of-home care in Illinois.

Selected study findings help illustrate the relationship between safety, permanency, and well-being:

- Young people's self reports confirmed that runaway episodes were often associated with a variety of serious risks to their well-being (i.e. drug and alcohol use and abuse; homelessness; hunger; sexual and physical victimization).

- The likelihood that children and youth would run away increased significantly starting in the late 1990s, and this could not be entirely accounted for by changes in the characteristics of the young people, meaning that it was

likely that changes in child welfare policy or practice contributed to the increased risk of running away and associated risk to youth's well-being over time.

- Youth with substance abuse problems and some mental health diagnoses are at heightened risk of running away, suggesting that attending to youths' mental and behavioral health issues could decrease risk.

- Placement instability was strongly associated with increased risk; as youth experienced more placements they became more likely to run.

- Placement type plays a strong role in the likelihood of youth running away. All else being equal, youth in foster home care are less likely to run from care than those in residential care, and those living in the home of a relative are even less likely to run.

Running away from care clearly presents a serious threat to youths' safety, permanency and well-being. This study's findings highlight ways in which these three outcomes are closely linked. For example, characteristics of permanency, such as placement mobility and placement type[4], are strongly related to the likelihood a youth will run away. Similarly, behavioral and mental health, which are aspects of well-being, are associated with the likelihood of running away.

FOSTER YOUTH'S TRANSITIONS TO ADULTHOOD

For most young people, the transition to adulthood is a gradual process (Arnett 2004; Settersten, Furstenberg & Rumbaut 2005). Many continue to receive various forms of support from their parents or other family members well past age 18. In fact, approximately 55 per cent of young men and 46 per cent of young women in the US between 18 and 24 years old were living at home with one or both of their parents in 2003 (Fields 2003). This is in stark contrast to the situation confronting youth in foster care. Child welfare policy in the US has focused on assisting youth to be 'independent' by age 18; in all but a few jurisdictions, states relinquish their parental responsibilities when youth reach age 18 (Bussey, Feagans, Arnold, Wulczyn, Brunner, Nixon, DiLorenzo, Pecora, Weiss & Winterfeld 2000). Too old for the child welfare system, but often unprepared to live as independent young adults, foster youth who 'age out' of care each year are expected to make it on their own long before the vast majority of their peers. This situation is not at all unique to the US, as research in many other countries has shown (Cashmore & Paxman 2006; Stein & Munro 2008). This lack of congruence between normative transitions to

---

[4] While a youth's placement in residential care may be necessary for a variety of reasons, such placement is generally considered to provide less potential for psychological permanency than does placement with kin or unrelated foster parents.

adulthood and child welfare policy raises two interrelated questions:

- When should the state cease parenting?

- How are state efforts to improve the well-being of children and youth in state care related to well-being outcomes after young people leave care?

Since 2002, Chapin Hall has been conducting the Midwest Evaluation of the Adult Functioning for Former Foster Youth ('Midwest Study'), which has been following the transition to adulthood for foster youth (n = 732) in three US states: Illinois, Iowa and Wisconsin (Courtney & Dworsky 2006; Courtney, Dworsky, Cusick, Havlicek, Perez & Keller 2007). The youth were all 17-18 years old at the beginning of the study and were interviewed at baseline, 19, and 21 years old. During the interviews they were asked about their education, employment, physical and mental health, social support, relationships with family, delinquency and contact with the criminal justice system, victimization, substance abuse, sexual behavior, foster care experiences, and receipt of independent living services.

> *It is time for policymakers, program managers, and practitioners to embrace child well-being as a central goal of child welfare services.*

Findings from the Midwest Study provide sobering evidence regarding the difficulties the children of the state face during the transition to adulthood and suggest that efforts to address children's well-being while in care can have long-term effects. Young people participating in the Midwest Study experienced poor transition outcomes in terms of educational attainment, employment, earnings, economic hardship, and involvement in the corrections system (Courtney & Dworsky 2006; Courtney et al. 2007). Ongoing analyses (Courtney & Havlicek, in preparation; Cusick, Havlicek & Courtney, under review; Dworsky & Courtney, under review A; Dworsky & Courtney, under review B) show the following factors to be associated with more positive adult outcomes for foster youth in transition from state care to adulthood:

- Being on track in school *before* the transition

- Educational aspirations *before* the transition

- Work experience *before* the transition

- Sound mental health *before* the transition

- Avoiding delinquency *before* the transition

Education, work experience, and mental and behavioral health are all aspects of children's well-being that any responsible parent would attend to, but they are not generally thought of with regard to child welfare system safety and permanency outcomes. Yet the Midwest Study findings suggest that efforts to improve children and youth's well-being *while they are in care* can have important consequences for their adult well-being. Moreover, the study has provided evidence that remaining in state-supervised care past age 18, which is the policy in one of the states participating in the Midwest Study, is positively associated with college enrollment, earnings, reduced risk of early pregnancy, and increased receipt of health and independent living services during the transition (Courtney, Dworsky & Pollack 2007; Kushel, Yen, Gee & Courtney 2007). Thus, while US child welfare jurisdictions can discharge youth from care at 18 and thereby relieve themselves of responsibility for the youth's safety and permanency, this appears to be counter to the longer-term well-being of these young people.

CONCLUSION

Child welfare policy and practice have focused almost exclusively on keeping children safe and trying to find them physical and emotional permanency (Wulczyn et al. 2005). While these are laudable and understandable goals, they do not go far enough. It is time for policymakers, program managers, and practitioners to embrace child well-being as a central goal of child welfare services. The examples presented here provide evidence in support of the following observations.

- First, safety and permanency are ultimately necessary conditions for positive well-being.

- Second, attending to well-being improves the prospects for children's safety and permanency, and later well-being.

- Third, an integrated focus on all three will require changes in child welfare policy and practice (e.g. willingness to see children's educational stability as an important goal of child welfare policy and practice; openness to extending the state's role as parent into early adulthood).

- Finally, a broader focus will also require other institutions (e.g. courts; schools; health and mental health systems; youth employment programs) to help co-parent the state's children.

Attending to the overall well-being of the children of the state will not be an easy task, but it is one that cannot and should not be avoided. ■

REFERENCES

Arnett, J.J. (2004) *Emerging adulthood: The winding road from the late teens through the twenties*, Oxford: Oxford University Press.

Biehal, N. & Wade, J. (1999) 'Taking a chance? The risks associated with going missing from substitute care', *Child Abuse Review*, 8, 366-376.

Biehal, N. & Wade, J. (2000) 'Going missing from residential and foster care: Linking biographies and contexts', *British Journal of Social Work*, 30, 211-225.

Blome, W.W. & Steib, S.D. (2007) 'Strategies for empowering the child welfare administrator facing class action litigation', *Journal of Public Child Welfare*, 1(2), 5-27.

Bullock, R., Courtney, M.E., Parker, R., Sinclair, I. & Thoburn, J. (2006) 'Can the corporate state parent?', *Children and Youth Services Review*, 28(11), 1344-1358.

Bussey, M., Feagans, L., Arnold, L., Wulczyn, F., Brunner, K., Nixon, R., DiLorenzo, P., Pecora, P.J., Weiss, S.A. & Winterfeld, A. (2000) *Transition for Foster Care: A State-by-State Data Base Analysis*, Seattle, WA: Casey Family Programs.

Cashmore, J. & Paxman, M. (2006) 'Wards leaving care', *Children Australia*, 31(3), 18-25.

Courtney, M. & Barth, R. (1996) 'Pathways of older adolescents out of foster care: Implications for Independent Living Services', *Social Work*, 41(1), 75-83.

Courtney, M.E. & Dworsky, A. (2006) 'Early outcomes for young adults transitioning from out-of-home care in the U.S.A', *Child and Family Social Work*, 11, 209-219.

Courtney, M.E., Dworsky, A., Cusick, G., Havlicek, J., Perez, A. & Keller, T. (2007) *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21*, Chicago: Chapin Hall Center for Children at the University of Chicago.

Courtney, M.E., Dworsky, A. & Pollack, H. (2007) *When should the state cease parenting? Evidence from the Midwest Study*, Chicago: Chapin Hall Center for Children at the University of Chicago.

Courtney, M.E. & Havlicek, J. (in preparation) Predictors of college enrollment among foster youth in transition to adulthood.

Courtney, M.E., Skyles, A., Miranda, G., Zinn, A., Howard, E. & Goerge R. (2005) *Youth who run away from substitute care*, Chicago, IL: Chapin Hall Center for Children at the University of Chicago.

Cusick, G.R., Havlicek, J. & Courtney, M.E. (under review) 'The role of social bonds in crime among youth in transition to adulthood from foster care'.

Dworsky, A. & Courtney, M.E. (under review, A) 'Homelessness among foster youth in transition'.

Dworsky, A. & Courtney, M.E. (under review, B). 'Pregnancy and reproductive health behaviors among female foster youth during the transition to adulthood'.

Fields, J. (2003) *America's families and living arrangements: 2003, Current Population Reports*, P20-553, Washington, D.C.: U.S. Census Bureau.

Kushel, M., Yen, I., Gee, L. & Courtney, M.E. (2007) 'Homelessness and health care access after emancipation: Results from the Midwest Evaluation of Adult Functioning of Former Foster Youth', *Archives of Pediatrics & Adolescent Medicine*, 61, 927-1011.

Nesmith, A. (2006) 'Predictors of running away from family foster care', *Child Welfare*, 85(3), 585-609.

Settersten, R., Furstenberg, F.F. & Rumbaut, R.G. (eds.) (2005) *On the frontier of adulthood: Theory, research, and public policy*, Chicago: University of Chicago Press.

Smithgall, C, Gladden, R.M., Howard, E., Goerge, R. & Courtney, M.E. (2004) *Educational experiences of children in out-of-home care*, Chicago, IL: Chapin Hall Center for Children at the University of Chicago.

Stein, M. & Munro, E. (2008) *Young people's transitions from care to adulthood: International research and practice*, London, Jessica Kingsley.

Stone, S. (2007) 'Child maltreatment, out-of-home placement and academic vulnerability: A fifteen-year review of evidence and future directions', *Children and Youth Services Review*, 29(2), 139-161.

U.S. Department of Justice (2002) *Runaway/Thrownaway Children: National Estimates and Characteristics. National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children*, Washington, D.C.: Office of Justice Programs.

Wulczyn, F., Barth, R.P., Yuan, Y.T., Harden, B.J. & Landsverk, J. (2005) *Beyond common sense: Child welfare, child well-being, and the evidence for policy reform*, New Brunswick, N.J.: Aldine Transaction.

INVITED COMMENTARY by Philip Mendes

on 'Beyond safety and permanency: Making well-being a focus of policy and practice for children in state care' by Mark E. Courtney

Mark Courtney's argument in his paper *Beyond Safety and Permanency* seems to reflect the fact that most child welfare systems are crisis driven, and tend to prioritise the rescuing of children and young people from abuse and neglect, rather than the provision of holistic support to those already in substitute care and/or those transitioning from care. In short, Mark is questioning whether child welfare interventions are effective and actually produce better outcomes for the children who are rescued than if they had been left with their original carers.

My particular interest is in leaving care policy and practice, and hence I will concentrate my comments on Mark's third category: foster youth transitions to adulthood.

His reflections on the US system are relevant to us because:

- Both the US and Australia share similar federal legislative frameworks for state care whereby the individual states maintain distinct child welfare systems;

- Research depicts care leavers in both countries as being disadvantaged and having significantly reduced life chances in areas such as housing, mental and physical