



**Hopeful Futures for
New York's Children**
Advancing Child Welfare

January 2016

Acknowledgements

The Schuyler Center for Analysis and Advocacy wishes to thank colleagues who participated in our Child Welfare Advocacy Convening and provided valuable insight and feedback for this paper. We extend our appreciation and deep gratitude to the numerous partners who invested their time and expertise to help develop the paper and its recommendations. While this paper and its recommendations reflect the positions of the Schuyler Center, we would like to thank the following individuals who reviewed a draft of this paper and provided invaluable feedback: Larry Brown, MSW, Child Welfare Consultant; Sarah Chiles, Redlich Horwitz Foundation; Stephanie Gendell, Citizens' Committee for Children of New York; William T. Gettman, St. Catherine's Center for Children; Lee Lounsbury, Welfare Research Institute; James Purcell, Council of Family and Child Caring Agencies; Ray Schimmer, Northern Rivers Family Services (retired); Louise Skolnik, Adelphi University School of Social Work.

The Schuyler Center for Analysis and Advocacy would like to thank the Rauch Foundation, the Redlich Horwitz Foundation, and First Focus for helping fund this initiative.

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EXECUTIVE SUMMARY

New York believes in children and families. We have expanded pre-kindergarten and health coverage for kids, and we believe in taking care of our most vulnerable children, including those in foster care. When public funding for a New York City program for youth in foster care was cut last spring, New Yorkers raised over \$500,000 in one night to support the program.ⁱ But placing value on something doesn’t always mean that the best outcomes come easily.

While New York has seen decreasing foster care enrollment numbers,ⁱⁱ there is still much to be done to improve outcomes for children, youth, and families in our child welfare system. Children continue to experience abuse and neglect, and, in a recent federal review, the State ranks at or near the bottom for nearly all indicators related to safety and permanencyⁱⁱⁱ for children in the child welfare system.^{iv}

In the face of child fatalities and discouraging outcomes, it is time for New York to look at what is working, and what is not, to support families and achieve the best outcomes for children. We must strengthen what works—investing at the front-end to keep children safely at home, supporting children and families in reaching permanency, and building a strong and supported workforce. We must ensure accountability by collecting data about children and families and the services they receive and make it publicly available. It is time for New York to make children a priority again.

Moving Forward

The following recommendations endeavor to ensure the accountability and effectiveness of publicly funded interventions, support dedicated frontline workers, and create a system that works in the best interests of the children it serves.

The collection and publication of **comprehensive statewide and community-specific data** is essential to understanding child welfare outcomes. To that end, data on the availability and effectiveness of evidence-informed practices, and in particular prevention services, must be collected, made public, and utilized to improve practice. Furthermore, as the State continues to prioritize well-being in child welfare, the sharing of data among State agencies will be essential to ensuring a complete understanding of cross-sector outcomes for children and youth in care.

In order to address child maltreatment early, it is essential that the State invest in **primary prevention and family strengthening services**, and particularly in targeted, community-based services. We recommend that the State restore statutory funding for preventive services with a designated portion for primary prevention. Through primary prevention services, New York can work with and strengthen families before there is any risk of removal to foster care.

When children do become involved in the child welfare system, we must ensure that the system is prepared to serve them. To that end, the State should expand the highly effective **Family Assessment Response (FAR)**, as a means of engaging families and providing support services without “indicating” a case, whenever appropriate. The State should also support counties in strengthening their **Child Protective Services (CPS) workforce**, including through standardized caseloads and recruitment and retention practices that attract and retain the most qualified candidates. A robust, capable, and responsive workforce throughout the state is essential.

Children of color continue to make up a disproportionate percentage of the total child welfare system.^v While the State and counties have taken steps to address this issue, more can be done to track what is working and share and expand best practices. We urge the State to take a **data-driven approach to disproportionality** to track improvements, publish results and share best practices across counties. Counties that struggle to address disproportionality could learn from the efforts of those who have seen some success.

As the State and the nation look to **well-being initiatives** to prioritize the quality of life for children in foster care, we must ensure stable funding for these programs, so that this important work can be appropriately delivered. We must also seek out opportunities to strengthen well-being, such as the current implementation of the federal Strengthening Families Act,^{vi} which calls upon foster parents to make “reasonable and prudent” parenting decisions for the children in their care. As this policy rolls out in New York, it must be implemented so that foster parents are best able to take advantage of this provision.

It is clear from recent federal assessments^{vii} that we can do more to **achieve permanency** for children and youth in foster care.^{viii} By increasing the State’s investment in post-permanency programs, we can provide families the tools they need to support the children they adopt. Through changes to the Kinship Guardianship Assistance Program (**KinGAP**), including allowing close family friends such as godparents to be guardians, we can make this program a permanency option for more families. By increasing the **housing subsidy** and adjusting the age requirements so that it reflects the age at which youth leave care, we can help young people more successfully transition from care. And by resourcing programs^{ix} for youth who have aged out of care, we can help ensure stability for youth who were unable to find a permanent placement while in care.

Strengthening the system as a whole will require renewed dedication and **leadership**. We call on the State to return its focus to the children and families in our child welfare system. We look to our Governor who has emphasized the importance of keeping children safe for “hopeful futures.”^x By building a strong and responsive system, we have the opportunity to do just that. The Governor can prioritize child welfare and empower agency leadership by: making crucial investments in the system, particularly upstream, before problems become acute; empowering and strengthening agency capacity for data collection and reporting; instituting State caseload standards; and improving permanency.

Together we can build a hopeful future!

Endnotes

ⁱ Funding for *You Gotta Believe!* was cut in March, 2015. More on the fundraiser: <http://www.people.com/article/you-gotta-believe-broadway-hollywood-stars-event>

ⁱⁱ Kids Count Data Center. *New York: Children in Foster Care*.

ⁱⁱⁱ Permanency measures the number of children in foster care who find a stable, permanent home, through adoption, guardianship or return to their families. Recurrence of maltreatment measures the number of children for whom, after an initial report of maltreatment, a second report is received within 12 months. See: <http://www.regulations.gov/#!document-Detail;D=ACF-2014-0002-0001>

^{iv} Children’s Bureau. *CFSR Round 3 Statewide Data Indicators – Workbook*. Amended May 2015. Retrieved from: <https://training.cfsrportal.org/resources/3105#Data Indicators and National Standards>

^v NYS Office of Children & Family Services. 2011. *The OCFS Initiative to Address Disproportionality in Child Welfare and Juvenile Justice*. Retrieved from: <https://www.nycourts.gov/ip/casa/training/ocfs-disproportionality.pdf>

^{vi} Preventing Sex Trafficking and Strengthening Families Act. H.R. 4980. 113th Congress (2014).

^{vii} Children’s Bureau. *CFSR Round 3 Statewide Data Indicators – Workbook*. Amended May 2015. Retrieved from: <https://training.cfsrportal.org/resources/3105#Data Indicators and National Standards>

^{viii} *Ibid*.

^{ix} The Foster College Success Initiative is one such example. See: <http://www.childrengroup.org/FYSA>

^x New York State Office of Children and Family Services. (April 1, 2015.) *Governor Cuomo Proclaims April “Child Abuse Prevention and Awareness Month.”* Retrieved from: http://ocfs.ny.gov/main/view_article.asp?ID=1097

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Introduction

In April 2015, in recognition of foster care month, Governor Cuomo emphasized the importance of keeping children “safe for hopeful futures.”¹ But, as evidenced by New York’s high rates of poverty and inequality, outcomes for children in foster care, and a series of recent child tragedies across the state, *safe and hopeful* are challenging goals.

Challenging does not mean impossible. New York was once a leader in child welfare. Redeeming ourselves from our current position near the bottom in the nation on nearly every indicator related to maltreatment and securing stable and permanent homes^{2,3} and mitigating the problematic outcomes associated with child poverty will require a thorough examination of what works to keep children healthy and safe. This will also require tough decisions from leaders to refocus resources to prioritize the health, safety and well-being of the children for whom the State has assumed responsibility and those who can be safely diverted from that system.

This brief examines child welfare in New York and identifies distinct opportunities and recommendations to improve outcomes for children, families, and communities and create lasting change.

Child Welfare: An Overview

One in eight children in the U.S. will experience maltreatment that is severe enough to result in a state-confirmed maltreatment report between birth and their 18th birthday; for black children, the prevalence is one in five.⁴ The direct and indirect costs resulting from our country’s failure to prevent children’s maltreatment have been estimated at \$104 billion a year.⁵ Child abuse and neglect affect all aspects of a child’s development—brain, cognitive and social.⁶ The weight on New York’s economy, taxpayers, and businesses is excessive, and it is a strong reason to place a higher priority on the prevention of abuse and neglect of the state’s future workforce.

Abuse and neglect also contribute to a child’s likelihood of becoming involved in the justice system later in life. In fact, studies have shown that children who experienced abuse were nine times more likely to become involved in criminal activities than those who were not subject to abuse.⁷

Research continues to emerge, showing that trauma—including that associated with poverty, abuse, neglect, and even witnessing abuse—has lasting and negative effects. This research points to the importance of early childhood experiences in shaping brain development.^{8,9} The toxic stress of adversity in childhood has been shown to impact children’s developing brains, altering the size and structure of their brains, and leading to issues such as impaired memory, weakened ability to manage stress and fear, and issues with linguistic, cognitive and socio-emotional skills that can last a lifetime.¹⁰ A growing body of evidence, including the Adverse Childhood Experiences (ACEs) study,¹¹ helps to explain this. Researchers have found that experiencing adverse events in childhood correlates to negative outcomes, showing that, in addition to impacting brain development, childhood adversity impacts the physical and behavioral health of the affected individual well into adulthood. This correlation brings an opportunity: by working with families to reduce adverse childhood experiences, we can reduce the occurrence of certain negative health outcomes over the lifespan.

As a society, we have an interest in ensuring that children are healthy, safe and well-cared-for. Our child welfare “system,” originally built to protect children from harm, now is expected to support and strengthen families to prevent entry into the system when possible; keep children safe from harm; and promote child and family stability. There is an intricate relationship between poverty and maltreatment. Data show that poverty can increase the likelihood of child maltreatment and neglect, particularly when it is combined with other risk factors such as depression, substance abuse, and social isolation.

Multiple agencies and programs—government and nonprofit—have evolved to make up the child welfare system. These range from small, community-based prevention programs to immense systems like county Child Protective Services and foster care. Each part of this complex system is meant to play a vital role in the continuum of child welfare that endeavors to keep children safely with their family whenever possible, build strong families to care for those children, protect and swiftly remove children from families when necessary, and ensure safety, stability, permanency and well-being for children when they become involved with the system.

[A Public Health Approach to Child Welfare](#)

There is increasing attention to framing child welfare from a public health perspective. Public health aims to improve the health of individuals and communities by addressing conditions where people live, learn, work and play. While a doctor will diagnose and care for an individual who is sick, public health aims to promote wellness and prevent illness. A public health approach to child welfare would include these steps: defining the problem; identifying the risk factors associated with the problem; developing and testing community-level interventions to control or prevent the cause of the problem; implementing interventions to improve outcomes; and monitoring those interventions to assess their effectiveness. A community perspective and data measures are essential.

Adopting this approach will enable New York State to thoughtfully target investments in child welfare, use data to better understand the issues connected to child welfare involvement and identify communities with the highest need. A public health approach to prevention could help a community identify, for example, that increased substance addiction rates are driving more families into the child welfare system, and, through that identification, lead the community to invest in programs and services to help parents overcome addiction and children to avoid entry into the child welfare system.

[Child Welfare in New York State: A Summary](#)

Child welfare in New York State is characterized by several key strengths. Dedicated workers and foster, adoptive and biological families are committed to overcoming obstacles and providing children with care, stability and opportunities for growth. Over the past two decades, the foster care population has significantly decreased, from more than 53,000 in 1995 to approximately 19,000 in 2013.¹² And New York’s unique, open-ended (not capped) funding for prevention, protection, independent living and post-permanency programs is designed to allow counties flexibility to offer services appropriate to their communities.

However, despite these strengths, New York’s child welfare system faces some significant challenges, shaped by numerous factors including the population served, the system structure, and the social landscape of the state. Poverty and family economic instability play an important role in shaping child welfare concerns in New York State. National studies have found a strong connection between socioeconomic status and the likelihood of involvement in the child welfare system. The federal Administration for Children and Families’ *National Incidence Study of Child Abuse and Neglect* found that children in families with a household income of \$15,000 or less are at least five times more likely to experience maltreatment—that is, abuse and/or neglect—than their more affluent peers.¹³ This is critical to understanding the child welfare landscape in New York, where in some communities, child poverty exceeds 50%.¹⁴ Approximately 23%

of children in New York State live in families below the U.S. poverty threshold.^{15 16} Poverty and family income insecurity are also reflected in the state of housing for New York's children: New York ranked 49th in the nation in child homelessness in 2013, with more than 258,000 children experiencing homelessness.¹⁷ Housing insecurity adds to parental stress, which is also connected to maltreatment, and has profound impacts on children's development, leading to "changes in brain architecture that can interfere with learning, emotional self-regulation, cognitive skills, and social relationships."¹⁸

In many ways child welfare in New York State is not unlike systems in states across the country. We strive to ensure family stability. We fight for children's safety and protection, and like nearly every other state, we struggle with limited funding and immense need. Funding for prevention, protection, and post-permanency programs is shared between the State and counties. The State share has been reduced to 62% for several years, compared to the 65% rate that is written into State statute (and the 75% percent that it was at its inception), leaving local districts to cover the gap to ensure services are available to families who need them. Furthermore, since 2011, New York State's agencies have been operating within a 2% spending cap, resulting in tighter spending on all State programs, including child welfare services. And often the very counties with the greatest need have the least ability to finance additional services. With fewer resources to devote to addressing problems that are exacerbated by economic stress, these counties will continue to struggle to meet the needs of their vulnerable families. It is essential that New York focus attention and resources on child welfare and invest in the services that contribute to the well-being of children and prevent long-term costs to the State.

An additional layer of complexity in New York's child welfare system is the fact it is a system administered at the county level with State oversight. This means that, while the State distributes funds and advises on State and federal policies, counties maintain operational control over their systems and programs. The county-administered model offers flexibility for local districts, allowing, in theory, individual counties to respond to the distinct needs of their communities, yet it poses challenges to statewide coordination, oversight, data collection, and a system-level understanding of the availability and impact of services. This has resulted in inconsistencies across counties, including widely varying workforce standards and CPS and foster care worker caseloads across the state.¹⁹

[A Review of the Numbers](#)

The county operators of child welfare systems are faced with a myriad of challenges. The State Central Register (SCR), the statewide hotline for reports of child abuse and neglect, receives approximately 160,000 calls each year.²⁰ Of these, 92%, or 144,333 in 2013, were assigned to investigation through local Child Protective Services offices, while 11,970 were assigned to an alternative track, implemented only in certain counties, called Family Assessment Response (FAR).²¹ Approximately 28% of all reports that are investigated are found to be "indicated," meaning that some credible evidence was found that abuse or maltreatment occurred.²²

Approximately 30,000 children come into contact with New York's foster care system each year,²³ with about 19,000 living in foster care in 2013.²⁴ Thirty-five percent of the children placed in foster care in 2013 were between the ages of 0 and five years of age.²⁵ The placement arrangements for these children vary, impacting the scope of work and service delivery for service providers. Snapshots of the foster care system show that most children live in foster homes, kinship placements or group homes. In 2013, approximately 47% were found in non-relative foster care homes, 15% in group home settings, and 20% in kinship foster care arrangements.²⁶

Children Involved with the New York State Child Welfare System

Type of Involvement	New York State (2014) ²⁷	New York City (2014) ²⁸
Reports of Maltreatment Received	155,808	54,240
Reports Indicated	45,927	20,745
Reports assigned to the Family Assessment Response (FAR) track	11,123	466
Admissions to foster care	9,516	4,307
Children and youth in foster care	18,488	10,866
Children and youth exiting foster care	10,081	4,944

New York has not fared well on federal assessments of outcomes for the children and youth placed into care. On the most recent Child and Family Service Review (CFSR), released in October 2014, New York ranks at or near the bottom for nearly all indicators related to safety and permanency, including recurrence of maltreatment, maltreatment while in care, and exits from care within 12 and 24 months.²⁹ New York fares well in terms of placement stability, meaning that children in care have relatively few moves within a 12-month period. While placement stability can be important in ensuring consistency in foster children’s otherwise turbulent lives, it is not a solution for children in care. Overall, the national CFSR data make clear that, while New York has made some strides for children in foster care, there remains much to be done to improve the safety, permanency, and well-being of New York’s children.

Caseloads for child welfare workers in New York have been shown to vary significantly across the state. For example, a 2006 study commissioned by the Office of Children and Family Services recommended an average caseload of 12 cases per Child Protective Services caseworker, but found that caseloads were as high as 20 in New York City and 27 in districts outside of New York City.³⁰ While caseloads have improved in parts of the state, variability in caseloads across regions continues to be high.³¹ High CPS caseloads have been shown to correlate to higher rates of recurrence of child maltreatment. A 2013 report from the New York State Comptroller’s office found counties in which CPS workers had higher caseloads also had higher rates of recurrence.³² While there are numerous factors that contribute to recurrence, this finding points to the important role caseloads, and well-supported caseworkers, play in child welfare outcomes.

In addition to statewide data, narratives of child welfare tragedies in New York State have demonstrated the need for reform of the State’s child serving systems. In regions across the state—Buffalo, New York City, and the Capital District,³³ as examples—we have seen tragic cases of ongoing child maltreatment and child fatalities. These cases have occurred in situations in which families had, to varying degrees, touched the child welfare system: situations in which children had been removed from the home; situations in which children were not removed from the home; in homeless shelters; and situations in which caseworkers faced high caseloads. While each of these cases has brought grief to communities and to the general public, none has led to a wholesale reexamination of the functioning of our systems or a renewed vision to transform the direction of child welfare in New York State.

Evidence Shows that Prevention is a Smart Investment

Child maltreatment impacts not only individual children and families, but also has extensive societal costs—both financial and human. One study found that the total lifetime estimated financial costs associated with just one year of confirmed cases of child maltreatment in the United States is \$124 billion.³⁴ According to the study, each non-fatal case resulted in costs of approximately \$210,012.³⁵ These numbers stand in stark comparison to the relatively low cost of preventing child maltreatment.³⁶ Prevention programs, such as Nurse-Family Partnership and Healthy Families New York—maternal, infant and early childhood home visiting—have been shown to reduce child maltreatment by approximately 50%.^{37 38}

Healthy Families New York, which provides early family supports through home visiting services, has been shown to increase positive parenting and reduce child welfare involvement.³⁹ By preventing abuse and neglect, prevention programs not only reduce child welfare costs, but also reduce the need for health and social services down the road. Investing in strong services that prevent, reduce and mitigate the impact of maltreatment will not only benefit affected families, but also the communities in which they live.

Intervening early and appropriately with families to ensure that they are supported and strong and that children are free from abuse and neglect can alter the course of child welfare in New York State. Furthermore, through its impact on the child welfare system, an investment in prevention is an opportunity to improve general population health, mental health, and educational outcomes, because, as studies have shown, the impacts of child abuse and neglect persist long into adulthood. The State has an obligation then, not only to children in the child welfare system, but also to society as a whole, to address child maltreatment early, thoughtfully, and with attention to the needs of the family.

\$9,000 Pay Now

The **Nurse-Family Partnership program** reduces child abuse and neglect by improving the parenting skills of low-income women expecting their first child.

\$30,000 Pay Later

An **abused and neglected child** requires substantial spending on health care and social services like foster care.

Image credit: The Pew Center on the States. (January 2011). *Paying Later: The High Costs of Failing to Invest in Young Children. Issue Brief.*

Moving New York Forward: A Focus on Child Welfare

We know how to do this. New York was once a leader in child welfare—a model to which other states looked. It is time for us to re-focus our attention on vulnerable children and families and work to ensure that the best possible outcomes are achieved. To do this, we need to strengthen the systems that serve children and families, and build stronger coordination between programs and systems.

Based on the current state of child welfare in New York, in order to strengthen coordination and promote better outcomes for New York's children, we have identified the following seven areas of focus:

1. Collecting and Using Data to Improve Practice and Outcomes
2. Racial Disparity in the Child Welfare System
3. Preventing Child Abuse and Neglect and Improving Family Stability
4. Child Protection
5. Child Well-Being
6. Permanency and Post-Permanency Services
7. Leadership

1. Collecting and Using Data to Improve Practice and Outcomes

Robust data about children and families and services they receive are essential to improve evaluation and inform practice and decision-making. Data help us understand problems, determine programs' reach and impact, and make thoughtful decisions. Data also inform the development of statewide standards, policies, and best practices.

In part because of the county-operated nature of New York's child welfare system, the collection and synthesis of data have been challenging. The State does make some data available—particularly data required for federal reporting—such as that regarding recurrence and permanency.⁴⁰ These data help to explain

particular issues, providing information on the number of recurring cases of maltreatment or the number of children exiting foster care to a permanent home. However, we lack data on other important aspects of the system, such as the types and effectiveness of prevention and post adoption programs offered around the state, the number of families receiving these services, health and educational outcomes for children in care, long-term outcomes for youth after foster care, and caseload and caseworker turnover data.

These data are key to developing programs and services that meet the needs of children and families served by the child welfare system. Children, for the most part, enter the child welfare system with complex issues and backgrounds, and it is essential that the programs and systems serving them be designed to address their needs. Data should inform the implementation of programs that have shown to be successful in providing trauma-informed care. While New York State may very well be using data to make decisions about which programs to support, and which best practices to share across the state, these data are not readily available to the public. The lack of publicly available data makes it difficult to discern the availability and effectiveness of services and programs serving our state's most vulnerable children and families.

Furthermore, it is essential to the effective functioning of the system, and for the provision of the best possible services to children and families, for the State agencies that provide services to these families share data with one another. This can include: education; health and mental health; substance abuse; social services; and the court system. While privacy concerns place limitations on the data related to children in foster care that may be shared, agencies can work together to determine what information can be shared that would help to better serve children and families.⁴¹ In a promising development, New York State's Office of Children and Family Services and the State Education Department recently entered a Memorandum of Understanding to enable data sharing of student educational information for children and adolescents in foster care and juvenile justice. An information-sharing toolkit from the National Center for Mental Health Promotion and Youth Violence Prevention and the Education Development Center helps agencies, organizations, and communities identify ways in which they can share information to better support at-risk youth.⁴² As this toolkit points out, information-sharing is important as it gives agencies a fuller picture of the needs of a child, family, or community.

Recommendations:

- The State should collect and share statewide and county-level data about individuals, families, services, and outcomes to inform best practice.
 - Collect and publish information on prevention activities and outcomes across counties.
 - Improve data collection on youth who have aged out of foster care. The federally required National Youth in Transition⁴³ database provides an opportunity for the State to improve its data collection on youth transitioning out of care. The State should strengthen its efforts to reach youth as they transition out of care and beyond.
- Improve transparency around child well-being through publicly available data and open communication.

2. Racial Disparity in the Child Welfare System

The racial and ethnic disparities that exist across the child welfare system are a significant problem. Children of color are disproportionately represented in child welfare systems, making up a larger percentage of the system than they do the general population.⁴⁴ Disparity has been a concern for child welfare systems across the country, but where New York could be a leader, we continue to lag behind. As of 2012, black children made up 24% of all confirmed reports of maltreatment,⁴⁵ while approximately 17% of the general population of New York is black.⁴⁶ Hispanic children made up 25% of confirmed reports,⁴⁷ while

making up 18% of the general population.⁴⁸ Non-Hispanic white children, on the other hand, made up 27%⁴⁹ of maltreatment cases while 70% of the general population was white.⁵⁰ These disparities persist throughout the child welfare system, raising serious questions about which families become involved in the child welfare system and why.

One explanation for the disproportionate representation of families of color in the child welfare system is an economic one. Poor families are more likely to become involved in the child welfare system,⁵¹ due in part to the stress poverty inflicts upon families, and families of color are more likely to live in poverty.⁵²

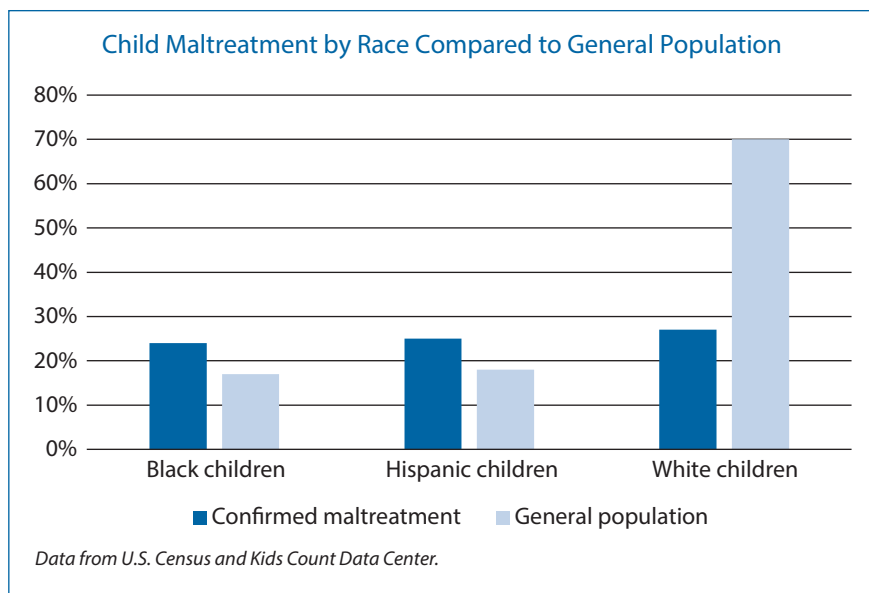
In order to address this, in addition to financial and social supports to struggling families, we need community-based primary prevention programs. Primary prevention prioritizes working with communities and at-risk families in high-poverty neighborhoods to prevent entry into the child welfare system, and work with families before there is a risk of foster care.

However, while poverty may contribute to racial inequity in child welfare, it is clear that the issue extends beyond poverty. The system must be structured in a way that equitably serves, treats and represents all populations. And caseworkers throughout the system—from prevention to protection to foster care—need the skills and training necessary to identify and address issues that might contribute to disproportionality. More and better training is necessary to equip workers with the skills and knowledge necessary to understand how race impacts the child welfare system and address potential prejudice.

The effectiveness of services delivered to families contributes to the outcomes they experience. In fact, increasing the quality and array of services for all families has been shown to improve outcomes for families of color.⁵³ One such example is the availability of differential response programs, called Family Assessment Response in New York, which works with families to address their needs. San Francisco expanded access to its differential response program, successfully using it as a tool to address disproportionality in the early stages of a family’s involvement in the child welfare system.⁵⁴

Recommendations:

- Invest in proven community-based primary prevention (see following section) focused in high-poverty, high-needs communities to provide families the services necessary and prevent entry into the child welfare system.
 - Increase the use and availability of evidenced-based and promising home visiting programs, such as Healthy Families NY, that work with parents to strengthen parenting skills, provide support and connect them to additional resources.
- Implement economic security measures to reduce the stress families in poverty face, such as: supports for working parents including child care and paid family leave, housing subsidies, raising the minimum wage, and increasing the Earned Income Tax Credit (EITC).
- Provide training and support for child welfare workers designed to address disparity, race and prejudice in the child welfare system.



- Improve training for mandated reporters to ensure that teachers, for example, can distinguish the “effects of poverty from actual neglect.”⁵⁵
- Invest in training, continuing education, and ongoing support for frontline workers to improve capacity and cultural competence.
- Consider the use of a standardized family risk assessment (FRA) tool, designed with consideration for disproportionality. Minnesota, for example, found that their Structured Decision Making FRA was a valid screening tool for predicting recurrence, with little to no racial bias, and provided consistency across caseworkers.^{56 57}

3. Preventing Child Abuse & Neglect and Improving Family Stability

Prevention should be our primary approach to child abuse and neglect, with a focus on child and family well-being. Not only is it significantly less expensive to provide prevention services, but it is also better for children and families to avoid the serious, long-term effects of maltreatment.⁵⁸ Furthermore, the overwhelming majority of maltreatment cases are related to child neglect—defined as the failure of a caregiver to provide a child with food, clothing, shelter, medical care, education or supervision to the extent that the child is endangered⁵⁹—rather than abuse. Over a three-month period, New York City’s Administration for Children’s Services reported that 72% of New York City’s State Central Registry allegations were reports of neglect, educational neglect, and lack of medical care.⁶⁰ The prevalence of neglect over abuse indicates an opportunity to intervene early, to strengthen parents’ ability to care for their children. With early intervention and the appropriate services, prevention provides families the opportunity to build their skills and resources to avoid further neglect and maltreatment, so that children, when possible, can remain safely in their homes.

Child abuse and neglect prevention is, in New York, traditionally approached as a three-tiered strategy with the following goals: 1) to prevent entry into foster care; 2) to promote swift discharge from foster care; and 3) to prevent recurrence of abuse and re-entry into foster care. This three-tiered approach results in a wide range of programs and services falling under “Preventive Services,” ranging from maternal-infant home visiting programs, such as Healthy Families New York, to permanency and post-permanency services. State funding for Preventive Services has, for several years, been reduced from a 65% State reimbursement rate, as written in statute, to 62%, resulting in an increase in the county share.⁶¹ This reduction in State funding results in diminished investment in prevention and puts a strain on already financially stressed districts, by leaving it to them to assume the costs.

Because Preventive Services in New York State are tied to preventing entry into foster care, families can only receive services when there is a documented risk of entry into foster care for the family’s child(ren). This requirement means that there are very few opportunities for upstream efforts—primary prevention or community-level preventive services. By failing to invest in true primary preventive and family support services, we miss the opportunity to strengthen families in a community setting before children become at-risk for maltreatment. Community-based family strengthening focused on neighborhoods or communities that are “high risk,” whether because of high poverty or high rates of reports of maltreatment, could serve families well before there is a risk of removal from the home. Through primary prevention, we can change the focus from preventing foster care to what is truly at the heart of prevention: strengthening families with young children.

Furthermore, because child maltreatment is often linked to other aspects of a family’s life, such as employment, education level, availability and quality of housing, transportation, behavioral and physical health, and involvement with the justice system, it is essential for agencies to coordinate across programs and systems. Substance abuse, for example, is estimated to be a factor in one-third to two-thirds of child

maltreatment cases.^{62 63} Because of the high prevalence of substance abuse in child welfare cases, treating a parent's substance abuse can positively impact a child's safety and well-being. This indicates a need for cross-training, referrals, coordination, and perhaps the ability to blend funding streams between agencies that provide substance abuse treatment and the child welfare system. Partnering across systems to coordinate services can help to ensure, among other things, that parents in, or at-risk of entering, the child welfare system have access to the treatment services they need, and that training is provided across systems to both child welfare and substance abuse workers.

A serious challenge to a coordinated preventive approach in New York State is the lack of readily available public data. Data serve an important function by demonstrating the outcomes and related effectiveness of programs, and build a base for the development of best practices. Without consistent statewide and local data on New York's preventive and protective services, it is difficult to understand the extent and availability of services across the state, or to know which programs are working best for families, and to develop a real understanding of where gaps in services might exist. In New York City, for example, the administration has required that preventive dollars be spent on evidence-based programs, as a means of promoting consistent outcomes.

Recommendations:

- The State should invest significantly in primary prevention and family stabilization to strengthen families before there is imminent risk of foster care placement. This funding could be focused in communities with high poverty, high rates of reports, and other relevant indicators of need.
 - As a start, restore the State's reimbursement rate for Preventive Services to 65%, as is written in statute, from the current level of 62%, with a requirement that the additional 3% be used to fund primary prevention services.
- Ensure accountability. While New York State has open-ended Prevention, Protection and Post-Adoption funding, there is little data on services and their impacts. In order to gain a more complete understanding of prevention efforts, we must understand what services are provided to families and what results they generate. The State must begin to collect this information from its counties in a robust and consistent manner and make the data publicly available.
- Improve coordination and collaboration among the various agencies and programs that serve children and their families in order to improve communication, bridge barriers, and strengthen preventive efforts, because "[t]he complex realities associated with child maltreatment demand that prevention efforts become a shared responsibility of programs from many different professional disciplines."⁶⁴
 - Ensure effective connections at the State and local levels so families in and at risk of entering the child welfare system can access the behavioral and physical health services they need, including through Medicaid Managed Care and children's Health Homes.

4. Child Protection

Child protection includes investigating allegations of abuse and neglect to keep children safe from further harm and providing rehabilitative services to children and families.⁶⁵ The federal CFSR data have, unfortunately, demonstrated that New York has high rates of recurrence of child abuse and neglect. In 2012, New York's recurrence rate was 12.4%, compared to the national standard of 5.4%.⁶⁶ While this high rate is disturbing because it demonstrates a failure to protect vulnerable children, it is also indicative of systemic failures to structure a system that can address recurrence.

Many factors contribute to recurrence, including family circumstances. A 2013 report from the State Comptroller's office found a strong correlation between a county's recurrence rate and average CPS caseworker caseload (cases per worker) in a county.⁶⁷ Counties where workers had higher caseloads had higher recurrence rates. While there are numerous factors that contribute to caseload and recurrence, this finding points to the likelihood that high caseloads negatively affect a caseworker's ability to focus the necessary time and attention on each case. A study commissioned by OCFS in 2006 found that, among the counties studied, Child Protective Services caseworkers had average caseloads of 20 in New York City and 27 in districts outside of New York City, compared to the caseload of 12 recommended by researchers.⁶⁸ More recently, in Western New York, there have been reports of caseloads as high as 50 for CPS workers.⁶⁹ Managing high caseloads means not only conducting visits and other in-person time with children and families, but also includes the extensive paperwork and documentation required for each case. It is essential that caseworkers have caseload sizes that allow appropriate time to be dedicated to each case so that children in need do not slip through the cracks.

Workforce development and support is a consistent concern across child welfare. Professionals who work with vulnerable children and families across the system—from prevention to foster care to adoption—face significant challenges and need the training, supervision, compensation and appropriate caseload necessary to address the complex needs of at-risk families. However, this is especially true for Child Protective Services (CPS) caseworkers who face difficult situations on a daily basis. CPS workers carry impossibly high caseloads in some parts of the state and, due to the county-administered nature of New York's system, there exists significant variation in staffing and resources across regions. In fact, high caseload has been cited as a top reason for caseworker turnover,⁷⁰ which we know is high among CPS workers, with huge variation across counties.⁷¹ This high turnover is a result not only of high caseloads, but also of the strain of immense responsibility and difficult decision-making, which indicates a need for increased and ongoing training and support.⁷² While training currently exists, the workforce would benefit from additional training, coaching, and support around the challenging issues inherent to child welfare work. So doing would help caseworkers to balance severe maltreatment cases with ongoing minor cases that may end up getting less attention, but which can add up to serious negative outcomes for children.

Not only do caseloads impact service delivery and subsequent outcomes for children and families, but so too does the manner in which families receive services. While the traditional Child Protective Services investigation is often viewed by families as threatening, Family Assessment Response (FAR), also known as differential response, provides protection to children by engaging families and providing support services without "indicating" a case. FAR has demonstrated positive outcomes for children and families, including reducing the need for family court involvement, when compared to the traditional track.⁷³ However, there remains much room for growth for FAR across New York: as of 2014, twenty-three (23) New York counties use FAR. In 2013, 11,667 families across the state were assigned to FAR, compared to 144,333 investigated through the traditional CPS track.⁷⁴ To engage and strengthen families, we must provide alternative approaches in situations in which children are not at immediate risk of harm.

Also inherent to child protection is the issue of trauma for the children affected by maltreatment. Children who enter the child welfare system have experienced trauma through abuse and/or neglect, and face the potential for further trauma through the upheaval, confusion and sense of loss that comes with removal from the home. The need to retell the story of their maltreatment requires that the child continue to relive the trauma.⁷⁵ To address trauma, systems that serve these children are taking steps to provide "trauma-informed care" that works to effectively mitigate children's trauma and provide services without re-traumatizing.⁷⁶

Recommendations:

- Invest in the CPS workforce:
 - CPS must be sufficiently funded to bring caseloads down to recommended levels. The 2006 case-load study commissioned by OCFS recommended an average CPS caseload of 12.⁷⁷
 - Recruitment and retention: improve recruitment practices, including increasing caseworker position requirements, in order to attract trained, qualified candidates.
 - Invest in and implement trauma-informed care training.
 - Expand efforts, such as the Teaming Model, that work to counter caseworker turnover by creating a collaborative, team approach to casework.⁷⁸
- Expand FAR as a protection option for all counties: FAR provides protection to children by engaging families and providing support services without “indicating” a case. As of 2014, 23 counties are using FAR.⁷⁹ Expand FAR as an option for all counties, and expand its use within existing counties.
- Improve collection and dissemination of data about caseloads and the workforce. Share information from data to inform best practices across regions.
- Improve coordination among agencies to generate better results for children and families, while minimizing the stress put on children through involvement in the system. Look to models, such as child advocacy centers, which bring together multidisciplinary teams to respond to and investigate child maltreatment cases, and reduce trauma to the child.⁸⁰

5. Child Well–Being

The well-being of children and youth who become involved in the child welfare system is of special importance, due to the potential for trauma inherent to child welfare involvement. Ensuring the health and well-being of children who have experienced the trauma associated with maltreatment, removal from their families, and/or multiple foster home placements is critical to the healthy development of those children. Well-being in child welfare extends beyond the safety and permanency prioritized by systems and providers, to include physical, cognitive and socio-emotional development, education, involvement in “normal” childhood activities, and addressing trauma to help children in care to succeed and thrive throughout childhood and into adulthood. The New York State Office of Children and Family Services identifies four “domains” of child well-being, which are:

- i. Cognitive functioning and growth
- ii. Physical health and development
- iii. Behavioral/emotional functioning
- iv. Social functioning⁸¹

While the State has developed a framework for implementing its child well-being efforts, and agencies and providers are committed to ensuring well-being for their children, the impact and availability of those programs is unclear, as is the source and availability of funding to support such efforts. The State should take a data-driven approach to well-being, to understand the practices that successfully support children and youth, and to track improvements, publish results and share best practices across counties.

New opportunities exist to strengthen well-being efforts across the state. The recent enactment of the federal Strengthening Families Act⁸² presents a unique opportunity to expand and improve upon opportunities for well-being. The Act includes an expectation of improving access for children in care to “age or developmentally appropriate extracurricular, enrichment, cultural, and social activities.”⁸³ States are

required to develop a “reasonable and prudent parent standard” to guide foster parents in their decisions regarding children and youth’s participation in activities—such as sports, extracurricular activities, and activities like school dances. In order to be truly effective and provide opportunities for children’s well-being, this “prudent parent” standard must be implemented in a manner that allows foster parents to make reasonable decisions without fear of liability. Supporting children’s well-being and “normalcy” must mean entrusting foster parents with some level of responsible parenting decision-making.

Recommendations:

- Invest in and implement trauma-informed care training for parents, caregivers, caseworkers.
- Ensure funding for well-being programs, so that this important work, identified by the State, can be appropriately delivered.
- Use the implementation of the Strengthening Families Act as an opportunity to strengthen opportunities for well-being for children and youth in care. Remove foster parent liability from the reasonable and prudent parent standard to ensure that foster parents can make decisions allowing children in their care to participate in developmentally appropriate activities without fear of being sued.
- Improve collection and dissemination of relevant data on child well-being in New York State. This should include the sharing of data among State agencies to ensure that we have a complete understanding of outcomes for children and youth in care. The Office of Children and Family Services and the New York State Education Department have begun this work by sharing data on educational outcomes for children in foster care.

6. Permanency and Post–Permanency Services

Once a child enters foster care, the primary goal becomes finding a stable, permanent solution in a family setting for that child. The first solution, whenever possible, is a safe reunification with their immediate family. However, when this is not possible, permanency options such as kinship guardianship or adoption are identified so that children spend as little time as possible in foster care. New York, however, has not done well when compared with other states on permanency outcomes for children and youth in care. On the most recent Child and Family Services Review, released in October 2014, New York ranked at or near the bottom for nearly every item related to permanency and recurrence of maltreatment, including maltreatment while in care.⁸⁴ Ensuring permanency for children in foster care is not only best for the child, but also for the State as it reduces foster care costs and minimizes the trauma and subsequent long-term effects of trauma experienced by the child.

To address this, the State and counties must more effectively connect children and youth to options for permanency and dedicate resources to support permanency. Families must be made aware of options for kinship care—whether that’s informal kinship care, or kinship foster care, or the Kinship Guardianship Assistance Program. Children and families must be supported through transitions to help ensure that connections are made and families are aware of permanency options.

Furthermore, when children and youth achieve permanency, it is essential that they and their families have access to the services and supports necessary to ensure they are healthy, stable and safe for the long term. Because many children adopted from foster care come from a background of trauma—caused by abuse, neglect, abandonment, removal from their families, and, often, multiple foster care placements—many have physical and mental health needs that persist as they mature.⁸⁵ Thus, the availability of post-permanency services for children and families, including mental health services to address effects of trauma, is critical to the well-being of the child, and the long-term permanency of the family.

Families Care for Related Children

Kinship care: In New York State, at least 126,000 children live in kinship care arrangements,ⁱ and only a portion of these are in formal kinship foster care. Kinship caregivers often care for related children outside of the formal foster care system, avoiding entry into the system for the children, but also relinquishing many of the financial supports that the system provides.

Kinship foster care: Approximately 4,785 children in New York State are in formal foster care with a relative caregiver.ⁱⁱ These children have entered the foster care system, but are placed into the homes of relatives or “fictive kin”—close family friends such as godparents.

Kinship Guardianship Assistance Program (KinGAP): KinGAP is a federally-supported program that allows children in foster care to find permanency with relatives, when neither adoption nor return to home is an option for that child. To be eligible, children must have been placed in kinship foster care with the relative.ⁱⁱⁱ Families receive financial assistance, usually equivalent to monthly foster care payments.

ⁱ Kids Count Data Center. 2011-2013 Children in Kinship Care. <http://datacenter.kidscount.org/data/tables/7172-children-in-kinship-care?loc=1&loct=1#detailed/2/2-52/false/1218,1049,995/any/14207,14208>

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While permanency is the goal for all children and youth in care, many youth do not find permanency before their 18th, or even 21st birthday. In fact, approximately 13% of New York’s foster care exits each year are youth “aging-out” of the system.⁸⁶ Many of these youth experience homelessness at least once, work low-wage jobs, and very few pursue higher education.⁸⁷ Services designed to meet the needs of this population are essential.

However, the State lacks comprehensive data on youth who have transitioned out of care. In 2010 the federal government developed the National Youth in Transition Database and required that states report outcomes for children and youth in, and transitioning out of the foster care system.⁸⁸ New York has begun efforts to collect this information, but it remains a challenge due, in part, to the transient, “disconnected” nature of youth who have aged out of foster care, who may also be reluctant to re-engage with the system they left. It is essential to understand these youths’ outcomes and continue to provide services to meet their needs. The State could better connect to youth by improving coordination between systems so that the agencies and programs providing services to youth—such as health and social support programs—could help to collect information on youths’ outcomes. By so doing, New York has the opportunity to improve services, and subsequently outcomes of youth who were entrusted to the State’s care.

Recommendations:

- Improve permanency outcomes:
 - Increase the State investment in post-permanency programs and ensure that services are available for families who adopt or enter into kinship guardianship arrangements so that they have the supports necessary to successfully transition to permanency.
 - Support kinship families with increased funding and services. Kinship families are an important part of the broader child welfare system, alleviating a burden on the system and providing permanency for related children. However, capacity does not meet the need.

- Make changes to the Kinship Guardianship Assistance Program (KinGAP) to ensure that more families can make use of this kinship arrangement:
 - Remove KinGAP from the Foster Care Block Grant and fund it like the adoption subsidy;
 - Amend the statute to allow subsidy payments to continue until age 21, regardless of age of finalization;
 - Use the same definition of kin as is used for kinship foster care, including “fictive kin.”⁸⁹
- Improve data collection on youth who have aged out of foster care. The federally required National Youth in Transition database provides an opportunity for the State to improve their data collection on youth transitioning out of care. The State should strengthen its efforts to reach youth as they transition out of care and beyond.
- Ensure supports for youth transitioning out of care so that youth have the tools to be successful after foster care.
 - Strengthen the housing subsidy program so that it is better able to stabilize housing for youth. Increase the monthly housing subsidy allowance to \$600 (from \$300); increase the upper age limit eligibility from 21 to 24 so that youth who age out of foster care at 21 can avail themselves of the subsidy for up to 3 years; and allow youth receiving the housing subsidy to live with unrelated roommates.
 - Fully fund programs such as the Foster Youth College Success Initiative that provides comprehensive support to foster care youth who attend college, from the application process through graduation.⁹⁰
 - Ensure that all former foster youth are connected to Medicaid to age 26, to help ensure access to the health services they need.
 - Invest in other promising programs that help youth transition from care.

7. Leadership and Engagement

Strong and courageous leadership is essential to navigate these problems and crises, set a State vision, and create a system that is self-diagnostic and self-correcting for continuous improvement. Because leadership sets the tone for the agency or system, a stable, strong, vision-focused leader is essential to the creation of a well-functioning system. And that strong leadership must be present throughout, setting direction and providing support for county systems to operate with clarity and purpose, so that frontline caseworkers are supported by supervisors who are trained to be confident and competent coaches.

New York State has not had a confirmed commissioner of the Office of Children and Family Services (OCFS), the agency overseeing child welfare, since 2011—throughout this Governor’s tenure. While the agency has had temporary leadership, including thoughtful and passionate individuals dedicated to child welfare, the lack of confirmation can be viewed as an indication of the value the administration places on children and families, and particularly, on child welfare. Without affirmative and permanent leadership, little can be done to set and implement a vision for improvements to New York’s child welfare system. The Governor must appoint—and the Legislature must confirm—a strong, knowledgeable, visionary commissioner for OCFS.

Throughout the system, increased engagement is needed. Families should be meaningfully engaged in determination and delivery of the preventive services they receive, families should have the option for engagement in protective services through the FAR track, and youth should be engaged in a meaningful way in their permanency planning. When families are involved and invested in decision-making, the process can become less combative, and thus less stressful. By improving stakeholder engagement throughout, we have the opportunity to improve outcomes for children and families who become involved with the system.

Recommendations:

- The Governor and other State leaders must prioritize child welfare and empower agency leadership by:
 - Confirming a Commissioner;
 - Making appropriate investments;
 - Instituting State caseload standards;
 - Expecting positive results for children and families and requiring timely and public data reporting.
- Encourage professional development for local child welfare management. The National Child Welfare Workforce Institute, for example, recommends supporting leadership development at all levels through coaching and mentoring.⁹¹ In fact, Children’s Rights and the Children’s Defense Fund, in their joint report, found that leadership was key to program improvement in child welfare, with poor leadership being cited higher in job satisfaction surveys than financial considerations.⁹²
- Adequately fund child welfare—prevention, well-being, data, workforce development—so that OCFS can appropriately staff and invest in training for employees and supervisors.

Synthesis & Conclusion

While there are clear challenges facing the child welfare system in New York State, there are also a number of distinct opportunities for positive and lasting change.

New York has a strong history of open-ended preventive funding that allows counties to invest in their communities’ needs as they deem necessary. Through investments in targeted community-based primary prevention services, increased accountability, clearly demonstrated program outcomes, and by restoring the State’s share of funding to 65%, as is written in statute, New York has the opportunity to become a national leader in the prevention of child maltreatment.

While New York has scored poorly on the national data related to permanency for children in foster care, we have the tools and opportunity to improve these outcomes. By investing in post-adoption services, we can ensure families that have found permanency can continue to be safe, stable and strong. By enhancing programs like KinGAP, we can ensure that more children are able to find a permanency solution more easily. And by creating new initiatives like the Fostering Youth College Success Initiative, we can ensure that young people who age out of care continue to receive the supports that will help them to be successful.

All of these opportunities require an investment in OCFS, in the workforce and in programs that have shown themselves to be effective at producing favorable outcomes for children and youth involved with the child welfare system. These opportunities also require a renewed dedication by OCFS to data and transparency, to assure the people of New York that the services we invest in are, indeed, providing the best possible support to our vulnerable children and families. And most of all, these opportunities for impact require a dedication on behalf of our State’s leadership to ensure the long-term health, safety and well-being of New York’s children. We need investment and leadership that looks beyond the short-term to strengthen systems that will benefit children, families and communities for years to come.

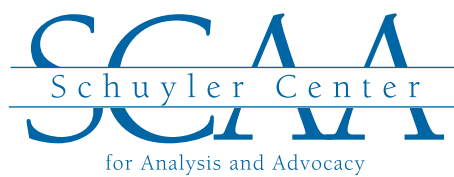
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