“40 Years of Stewardship… Where Are We Headed?”

A report on the 40th Anniversary Symposium of the Illinois Department of Children and Family Services—December 2004
Dear Colleague:

To commemorate the 40th anniversary of the Department of Children and Family Services, the department invited the child welfare community to a symposium during which we honored the past and those who shaped it; assessed the current state of child welfare in Illinois; and discussed in detail our aspirations for the youth in our care.

We heard from former directors, researchers, the judicial community, private providers, and foster parents about our policies and social work practice issues—and how the public's understanding of our work affects both. It was a day to come together and challenge ourselves to better serve the state's most vulnerable children.

Today DCFS is responsible for approximately 18,000 children—a significant decrease from the prior decade. While policy changes have reduced the number of children in out-of-home care, the challenge we are faced with today is to better adapt to, respond to and anticipate the needs of the youth who remain in the system.

I would like to thank all the former DCFS directors, moderators, presenters, panelists, funders and participants for their help in making the 40th Anniversary Celebration and Symposium a success. And, thanks to you, the reader, for your continued interest in the welfare of the youth of our state. I hope this document provides you with a useful place to continue your own discussions about the challenges we face together.

Sincerely,

Bryan Samuels
Director
Department of Children and Family Services
“40 Years of Stewardship… Where Are We Headed?”

A report on the DCFS 40th Anniversary Symposium

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Keynote Address: ‘I greet you for work well done’

Keenote speaker Dr. Carol Williams Spigner greeted the audience at the 40th Anniversary Symposium with a Yoruba phrase she learned while on a trip to Nigeria: “E ku se o—I greet you for work well done.”

Spigner, a renowned educator, administrator, policy maker and practitioner in the child welfare arena, emphasized the importance of the work done by DCFS and its partners. She noted that it is common for people who work in the system to take it personally when they hear negative comments from the public and press. Instead, she said, the child welfare community should acknowledge its successes and celebrate them on occasions such as the DCFS 40th anniversary.

Spigner, associate professor/clinician educator at the University of Pennsylvania School of Social Work, addressed one of the fundamental themes of the symposium: How does the past inform the present?

She pointed out the historic role Illinois has played in crafting services for families and children. With its legacy of progressivism, social reform and landmark legal cases, the state has helped change the landscape of child welfare. Since the creation of DCFS in 1964, it has served as a model for others.

“Illinois was the first place I ever came where the financial officer was excited about maximizing federal funds” for children’s services, she recalled. “Think about that legacy. There’s a lot to build on.”

Spigner, a former associate commissioner at the U.S. Department of Health and Human Services, pointed to several lessons the child welfare community should heed:

• Keeping children safe in their homes and communities requires organizing resources and tailoring services to help individual families solve their problems. “Many of us have grown up in a system that has one answer for every child. The more we are able to make our resources meet the needs of different families, the more likely we will be able to keep children safe.”
• Children blame themselves for what happens to them, even when events are beyond their control. They blame themselves for being abused, or for being removed from their families. They tell themselves, “I did something” or “Maybe if I’d behaved better…. While children are damaged by abuse and neglect, they can also be hurt by—and blame themselves for—their experiences in the child welfare system. Caseworkers and others with responsibility for children must pay attention to what they go through in the system.
• It can be difficult for the child welfare system to act on more than one idea at a time. Spigner cited a recent study that looked at six states and found that adoptions are increasing while family reunifications are declining. “Why can’t we do more than one thing at a time? We’re always looking for a silver bullet, but we have to keep our eyes on multiple targets or the pendulum just goes back and forth.”
• It is critically important to pay attention to front-line social workers...
and caseworkers, monitoring practice at the street level and articulating what it should be.

- For children, safety is necessary but not sufficient. Permanence is necessary, but not sufficient. “Unless we pay attention to the well being of children every day they are in the child welfare system, we will not achieve our goals.... We need to attend to all three simultaneously.”

Looking to the future, Spigner said the child welfare system must do three things: make well being its central concern; improve the quality of work with families; and strengthen neighborhoods so families can care for their children.

To ensure the well being of children in the system, everyone who interacts with them must understand child development in terms of needs and milestones, and be able to assess where children are in their developmental trajectory.

For example, there is a systemic expectation that independent living begins at age 18 or 21. Perhaps that expectation is unrealistic. Speaking as the mother of two adult sons who are living on their own but are still not independent, Spigner noted, “We have a higher bar for kids who have experienced disruption and trauma than for our own children. We need to see if there is another way to deal with that.”

Preparing children for independent living requires looking at them as whole human beings—attending to their physical and mental health and development, their education and their social relationships. “All children can succeed if we work at it hard enough. We need to make sure they are on that trajectory, and get back on it if they fall off.”

Those who work in the child welfare system must keep in mind that the system can unintentionally re-traumatize children, including the very youngest. Such trauma can occur when children have to move from placement to placement because the first one did not meet their psychosocial needs.

At the same time, child welfare workers must remember that, even when children can’t “go home,” their original families have meaning for
them. Yet far too many children perceive that it is taboo to talk about their families. The trick is to determine the right placement as quickly as possible, while honoring the family of origin and helping children understand how they came to be in a particular situation, so they can come to grips with it and move on with their lives.

Spigner’s second point was that the quality of work being done with families has to improve. The percentage of children returning home has declined. Nationally, 126,000 children are on the rolls for adoption—more than in 1997 when the Adoption and Safe Families Act (ASFA) became law. “Unless we improve our ability to get kids back home, and maintain our ability to move children into adoption, the number [waiting for adoption] will continue to grow. It’s time to refocus on family work.”

She recommended developing practice models to help guide work with families. As things stand, individual case workers are engaged in “private practice,” she said. “We don’t have a clear consensus of what the work is, how it should be structured or the values that drive it.”

Spigner argued for investing more in family services and, given the time-frames set by law, frontloading those services. She said families should participate more in developing their service plans, and that the plans should be better differentiated. “We’re giving everybody the same thing. You read a dozen plans and three might vary. We need to develop resources for families that are responsive to their needs.”

She called for seriously reassessing and restructuring family services, “otherwise, we’re just going through a ritual that’s destructive of families and children.” She also said that the criteria for foster parents need to be scrutinized to insure that people with the right temperaments and skills become part of the foster care system.

Spigner’s third point is that the child welfare system must play a role in strengthening neighborhoods. Reports of child abuse and neglect and instances of placement outside the family come disproportionately from highly stressed neighborhoods. Unless opportunities for families and children are improved, “we take kids out, do what we do and send them back—and nothing has changed in that environment.”

Family-to-family networks, neighborhood-based foster care and mentoring programs for women recovering from substance abuse are among the initiatives that are beginning to achieve results. Emerging models are starting to be community based, so that the neighborhood has a stake in the safety and welfare of children, in partnership with child welfare agencies.

Spigner urged the Illinois child welfare community to “build on the tremendous legacy of your past. Be creative. And always keep children and families at the center of your planning and your success.”
The theme “Shifting Focus—From Safety to Permanence to Well Being” describes a transition that has taken place within the child welfare system over time, but it does not answer the question of whether the change is good or bad. As the discussion revealed, however, the shift remains a hot-button issue within the child welfare community.

Noted John Poertner, social work professor emeritus at the University of Illinois at Urbana-Champaign, “More often than not I get attacked when I talk about child well being. The responses are something like, ‘That’s not my job, it’s the school’s.’ One supervisor said, ‘We don’t do that—our job is safety and permanency.’” Poertner asked, “If we put well being on the agenda, does that distract from safety and permanency, and possibly put children in danger? Where does the emphasis on child well being come from?”

In his examination of public policy regarding child welfare as it has evolved over the years, Poertner’s objective was to answer two intertwined questions that are older than DCFS and even the state of Illinois:

• Which children is the public concerned about?
• What outcomes does the public want for them?

Poertner said that the answers were different at different periods. He traced the development of public policy from colonial days—when children whose parents had died or were unable to care for them could be bound into apprenticeship—through the 19th century, the Progressive era, the Great Depression and into the 1960s.

While originally targeting the poor, public policy changed over time as different categories of children—deaf, blind, mentally ill or retarded, afflicted by disease, illegitimate—emerged as public concerns. Specialized concerns led to specialized agencies and institutions. Similarly, a variety of factors affecting children caught the public’s attention and made their way into policy at different times: education; health; legal jurisdiction over minors; family stability; protection from abuse, neglect or unsafe environments; physical, mental, emotional and social development; “well being.”

“We find in Illinois policy that education and health have been concerns since the earliest days of the state. It is less clear what we mean by child welfare,” Poertner explained. Various advocates have tried to link it to concepts such as “mental development” or “moral well being,” but these are hard to define. “Today DCFS is known...
primarily for protective services concerned with abuse and neglect, which are also vaguely defined. It now requires 20 lines of legislative language to define neglect.”

Donald Brieland, the first director of DCFS, said the department’s origins can be traced to “an interesting political promise” made by Gov. Otto Kerner to create a department of mental health services for adults. Removing those services from the Department of Public Welfare led to a new plan for non-psychiatric services, including child welfare. The legislature created a study commission to define the new department, which Brieland staffed. He also operated non-psychiatric services for the Department of Mental Health before DCFS came into being.

In those days, individual counties could bill the state for $50 per child per month for foster care services—clearly an inadequate amount. Because DCFS was fully financed by state funds, its creation relieved counties of a substantial financial burden. The first task was to recruit professional staff for eight regional offices, and the new department offered scholarships for educational aid to prospective employees who contracted to work there after graduation.

“DCFS collaborated closely in those early years with children’s mental health services, school social workers and juvenile courts,” Brieland said. “We drafted and successfully lobbied for child abuse legislation. Critically important, the policy of purchase of care from volunteer agencies resulted in the support of those agencies for the department and pleasant, positive relationships.”

Gordon Johnson, DCFS director from 1983-1990, shifted the discussion to what he called “the plight of children today.” He and other panelists questioned how effective DCFS can be when the policies it is directed to implement are ambiguous or, as is frequently the case, slow to adjust to societal changes. And sometimes, “when policy catches up, the mandates initiated by the legislature don’t come with adequate funding. We’re held accountable, but many times our hands are tied until [an issue] gets public or media attention. Then we get the funding we need to do what we need to do.”

Johnson said it is hard to know
how damaged children are when they enter the system, and warned that some of them suffer additional trauma within the system. “The worst thing is to take a child from home and something drastic happens to that child.” He recalled working with former DCFS director, Gregory Coler, to develop an approach to raise standards for foster parents and hold them accountable for the safety and well being of children in their care.

Johnson stressed the need for stability, which he equated with permanence. He also emphasized the importance of helping children understand what is happening to them, and of trying to involve their families in the process, even if that means helping parents overcome poverty. “We focus on the child only. We don’t know how to include parents in the solution.” He recalled being “astounded” to learn that when children ran away from foster care or an institution, they ran back home. He added, “If the family can’t be involved, do an adoption.”

For Jess McDonald, director from 1990-1991 and 1994-2003, safety should be at the top of the DCFS agenda. Although Illinois probably does a better job than any other state, DCFS does not make the right decision every time when removing children from their homes, finding the right foster care, arranging adoptions or reunifying families—and the public expects it to, he added.

While emphasizing safety, McDonald acknowledged that there also are formidable challenges in the areas of permanence and well being. McDonald noted:

• 50 percent of abuse and neglect reports come from a small number of areas that are high in poverty and unemployment and have been abandoned by most other public-sector agencies.
• 40 to 60 percent of the cases involve alcohol and substance abuse, where treatment programs have poor success rates and recidivism is high. Yet through ASFA (the Adoption and Safe Families Act), the child welfare system has re-criminalized addiction, saying in effect that relapse deserves the severest penalty: losing custody of one’s children.

• Nearly all children in the child welfare system perform below grade level in school. They also have a high incidence of health and developmental problems, which makes their academic deficits hard to overcome. As a result, schools encourage them not to show up on test days so their performance won’t drag down achievement scores for the rest of the students.

When other systems—public health, mental health, the courts, the schools—fail to embrace the sickest, poorest, most at-risk children, the child welfare system is left to deal with them. Unfortunately, it is not equipped for the task, McDonald said. He concluded bluntly, “Unless society in general embraces responsibility for all children, we will continue to run modern day almshouses and wonder why children don’t do well.”

Along with the other panelists, Gary Stangler had questions about just what “well being” means and how it fits into the DCFS mission. He observed that it will likely take a couple of generations to work out everything that goes into well being. In the meantime, he suggested, permanence is a larger issue and should be treated as such.

Stangler noted that the large majority of older teens in foster care have a written goal other than permanence, yet permanence is clearly important to them. He predicted that permanence is going to end up being a criti-
The child welfare system needs to do a better job of seeking out the people kids are connected to, rather than relying on strangers for placements. “When you ask kids in foster care, ‘Are there people in your life who could possibly be someone you can depend on?’ almost every kid says ‘yes,’ and can name a number of people—some of whom we wouldn’t have thought of,” Stangler added.

Stangler cited the example of a young woman who had been in foster care, gone to college, entered a profession and, at the age of 22, was adopted. Her rationale was simple: She wanted her children to have grandparents.

Adoption, relationships and stability, according to Stangler, can create a sense of permanency, especially for older children, which contributes to well being later on.

McDonald countered that focusing primarily on safety does not exclude the notion of permanence, but “when you put a kid in a foster home, that kid is not supposed to be harmed.” He said most of the people in the audience were familiar with what happens when a case receives negative media attention: “For the next seven days there’s an increase in case openings and a decrease in case closings. We don’t know how to do safety work well. If we did we’d have more confidence in keeping families together. It’s mastering safety so we can do safe reunification.”

Poertner said McDonald’s point goes to the heart of a question he asked at the outset: Which children is the public concerned about? “My preference would be for the child welfare system to be defined by abuse and neglect” and not be held responsible for areas that fall outside those boundaries, such as a child’s mental health, Poertner added.

While the panelists disagreed about certain issues—primarily whether safety or permanence is the most important concern of the child welfare system—there was general agreement on several points:

• However child welfare is defined, the citizens of Illinois believe and always have believed that the state should intervene to protect children’s safety.
• DCFS’s mission would be more manageable if the laws and policies that govern it were clearer, and more funding were available.
• All three issues—safety, permanence and well being—are difficult to pin down, yet unmistakably intertwined.
• The challenge going forward is to pay attention to all three and try to improve in each area.

“We don’t do safety work well. If we did we’d have more confidence in keeping families together.”
—Jess McDonald
Best Interests of the Child—Changing Definitions

Presenter: Mark E. Courtney, director, Chapin Hall Center for Children, University of Chicago

Panelists: Patricia Martin Bishop, presiding judge, Child Protection Division, Circuit Court of Cook County; Jimmy Lago, chancellor, Archdiocese of Chicago; Benjamin S. Wolf, associate legal director, ACLU of Illinois.

Moderator: R. Bruce Dold, editorial page editor, Chicago Tribune

Everyone in the child welfare field agrees that the standard for making placement decisions for wards of the state should be the best interests of the child. But the definition of “best interests” is a moving target. In fact, practitioners are confronted with shifting notions on four primary issues: child protection vs. family preservation; how to achieve permanency; foster care vs. group care; and the role of race, culture and community in child placements.

With this backdrop, Mark E. Courtney, director of the Chapin Hall Center for Children at the University of Chicago, set the stage for the panel discussion on “The Best Interests of the Child—Changing Definitions.”

The central conflict between protecting the child and preserving the family stems from the reality that some families are clearly toxic for children, Courtney noted. However, determining when a situation is toxic, and whether it will remain so, is often difficult. As a result, policies move back and forth between emphasizing child safety and emphasizing family preservation, often based on shifting political winds and questionable science. “They never go all the way in one direction or another,” Courtney said. “Policy makers don’t give us clear marching orders.”

Closely related to the safety/preservation debate is the changing definition of permanency. Because of the inability to reunify all families whose children have been removed from their homes, other structures were created to provide psychological permanency for children, Courtney said. For example, children can be diverted from the child welfare system and placed with relatives, without terminating parental rights. To encourage adoptions, the federal government authorized subsidies for adoptive parents in 1980. And during the past 10 years states, including Illinois, have created subsidized guardianships. The question for practitioners is how to best take advantage of the permanency options available for children, Courtney said.

Hundreds of years of debate on the relative merits of foster care versus group care was resolved in principle by policy language favoring placement of children in the “least restrictive environment,” which favors family-based care over group care. However, in practice, the child welfare field is still struggling to ensure that children are placed in settings that are in their best interests, Courtney said. The shift toward subsidizing relatives to provide state-supervised care complicates this issue, he added.

Child welfare policy is most contradictory on the question of how much weight race, culture and community membership should be given in deciding where to place children. This is particularly problematic since chil-
“If everyone in the system would be more diligent in looking for fathers, there would be less need to find foster and pre-adoptive families.”

—Judge Patricia Martin Bishop

Dren of color are disproportionately represented in the child welfare system. While the federal Multi-Ethnic Placement Act of 1994 supports a color-blind system of selecting foster and adoptive parents, it also recognizes the importance of a child’s community, Courtney pointed out. The role, if any, that race, culture and community should play in child welfare practice is a huge, unanswered question, he said.

Judge Patricia Martin Bishop, presiding judge of the Child Protection Division of Circuit Court of Cook County, said she agrees that the child welfare system should be color-blind. “I don’t care if the pre-adoptive family is orange—if they love the child and can take care of her, that’s the home for this child.” However, Bishop said, if the system can find a family that mirrors the child’s race and culture, “the better for us.” She added that if everyone in the system would be more diligent in looking for fathers, there would be less need to find foster and pre-adoptive families. “That would help us on placement issues and permanency issues ten-fold,” she noted.

One of the system’s worst failings is that it hasn’t made a priority of help-
Wolf added that the statutes are not the problem. “The key is figuring out what each child needs and trying to provide it.” Despite complications and contradictions, the statutes offer a broad framework for that, he said.

With the B.H. vs. Johnson consent decree, “I think we’ve arguably reached a point of constitutional adequacy with respect to permanency and safety,” said Wolf. The ACLU filed the lawsuit in 1991 on behalf of children served by DCFS. “The struggle now is for ‘well being,’ and we’re still pretty far from where we need to be in that regard.”

Bishop noted that prior to B.H., 50,000 children were wards of the state, and today there are fewer than 20,000. While there has been progress in moving children out of the foster care system, Wolf said that there hasn’t been enough progress in improving the lives of children who remain in it. “I always think case plans should begin with questions for the child: ‘Who loves you? Who do you love? What do you most like to do? What brings you joy?’ We don’t start with [that],” he said. “A lot of it is about knowing the child better.”

Bishop drew audience applause when she said that it is imperative to build and strengthen the connections that a child has identified for himself. “If you ask a kid who they rely on, they will tell you. It may be a drunk uncle who is legally inappropriate, but it is imperative that we stop throwing those relationships away.”

Lago agreed that “we need to do a better job to match the needs of children to [foster] parents.” He added that there should be a commitment to provide foster parents whatever they need, “especially as we try to move them toward adoption.”

Bishop also emphasized that children should not be put in foster homes unless it is absolutely necessary. “People in treatment [for substance abuse problems] can still parent...We can’t afford to take a child into care simply because mom is using drugs. I don’t agree mom should be using drugs, but I think we can fashion a way, if that is the only issue...to keep those children in their homes.” Otherwise, she said, “we will be on a treadmill in finding foster homes.”

Another problem is that, “we drive good foster parents out of the system,” Wolf added. The way to avoid that is to help foster parents figure out what the child needs and bring services quickly, and to be clearer about what their job is. Foster parents also are frustrated with the large turnover in caseworkers, which means they have to talk to a different person every few months.

Research shows foster parents are most dissatisfied with the fact that they are not consulted about decisions relating to their foster children, especially those with special needs, Courtney added. “The foster parent is the most important part of the treatment team,” he said.

Lago argued that responsibility for a given child rests on the caretaker. He stated that no matter what the “assessment du jour” is of the best interests of a particular child, “we are still called to a strong moral obligation to have the right and appropriate setting for those children, the right treatment elements in place.”

Added Lago, “I’m not sure that ‘best interest,’ other than being a very important concept theoretically, provides ground-level, day-to-day guidance to an agency about what particular set of service elements this child, family or community needs.”
Communities of Care

Presenter: Jerry Stermer, president, Voices for Illinois Children

Panelists: Carl Bell, M.D., president and CEO, Community Mental Health Council, Inc.; Maripat Oliver, adoptive and foster parent, Bolingbrook, Ill.; Dave McClure, executive director, Youth Services Bureau, Illinois Valley; Bryan Samuels, director, Illinois Department of Children and Family Services

Moderator: Elizabeth Brackett, correspondent, WTTW Chicago Tonight

To illustrate the importance of having communities involved in the lives of foster children, Jerry Stermer began with two photographs. The first was on the cover of a 2004 report from The David and Lucile Packard Foundation. It showed a boy, slouched on the steps of an apartment building, arms crossed, jaw set, alone. Beside him is a black plastic trash bag containing his possessions.

“He’s not happy. Clearly, he is on his way to another placement,” said Stermer, president of Voices for Illinois Children. “This was the image chosen by a major national organization as a symbol of foster care in America.”

Stermer picked the second photo to exemplify a different, preferable image: a group of boys on a playground, one holding a basketball, all cheering and grinning. One of them is in foster care, but it’s impossible to tell which because he is part of the group, indistinguishable from the others. His support comes not just from an agency or foster family, but from the broader community.

The hope for this young man would be that he is so much a part of the community that he would have people to approach for a summer job or to write references for college. “He would not feel singled out as different and unusual. He would have the experiences we want all children to have,” Stermer said.

Community involvement already is built into the child welfare system: Private agencies, many of them faith-based, frequently have deep roots in the community. Foster parents and adoptive families are community members themselves.

But DCFS and its partners need to reach the broader community—schools, libraries, health care providers, mental health services, park districts, cultural institutions, businesses—if they hope to help foster children and their families overcome the sense of isolation and difference. There is nothing more alienating, Stermer said, than preventing foster children from participating in a school pageant because they don’t have paperwork allowing them to be photographed, or taking foster children to a different doctor because the family physician does not accept Medicaid.

The panel identified isolation as the main problem of families in the child welfare system. “The broader community in Illinois has played a largely passive role in the lives of these children. Their actions are limited to expressions of outrage at horrific stories of abuse and neglect,” Stermer said. “In case after case, the public has insisted that the state agency and its private partners be

“Let’s … invite the community in and call on the rich resources they have available.”

—Jerry Stermer
held accountable. The public is generally on the outside looking in, asking ‘Can’t they do better?’ or ‘Don’t they care?’ Stermer called for breaking down the barriers between the broader community and those working on abuse and neglect of children. “Let’s … invite the community in and call on the rich resources they have available.”

Carl Bell, M.D., president and CEO of the Community Mental Health Council, said foster children feel stigmatized, damaged, hurt and angry. They have a profound sense of disconnection, brought on in part by the child welfare system itself, which isolates them to keep them safe—and tacitly, to protect society from coming in contact with them. Unfortunately, Bell said, the system takes “a deficit approach,” treating foster children like a problem to be fixed.

Dave McClure, executive director of the Illinois Valley Youth Services Bureau, noted that a child’s sense of isolation can mirror his or her foster family’s. “The foster children in our agencies feel as accepted, as good about themselves, as their foster families do,” he said.

DCFS Director Bryan Samuels acknowledged that his agency bears some responsibility for the current state of affairs. For one thing, Samuels said, the child welfare system has a crisis orientation. “We integrate our kids into other crisis intervention services instead of regular community services.” Such action, in effect, segregates foster children from the larger community.

The problem is compounded because “community folks feel tainted by being related to DCFS,” Samuels said. “The African American community’s fear is that [DCFS] comes in the middle of the night and steals their kids. For others, the kids are so dysfunctional, they don’t want to come into contact with them. To the media, caseworkers are lazy; the institution is seen as deficient.”

Panel members discussed ways to involve the larger community in the lives of foster children and families. For example, Maripat Oliver, an adoptive and foster parent in Bolingbrook,
Ill., said that when a child with Down syndrome was placed with a foster mother in her community, the local foster parents' group sought out a Down's support group and hooked her up with it.

Oliver also suggested calling upon local students to earn community service hours by tutoring and mentoring foster children. “Could we not engage girls from a sorority to come in for six weeks and work with these kids? We [foster parents] see involvement with them as a privilege. What you get from investing in kids is worth more than what you give up,” she commented. The students would have the opportunity to say, ‘I’ve got this child’s reading level to go up three levels, and I only give him two hours a week,’ Oliver said.

That kind of experience can have a ripple effect, Oliver said. On their own, foster parents “might stop looking to child welfare services and start looking to our own community. We can’t expect one agency to provide everything for us. And who knows our communities better than ourselves?”

Stermer said managers from private child welfare agencies have told him about the subtle or direct ways schools exclude foster children. When schools contend they don’t have the resources to serve the needs of foster children, Stermer suggested responding that “schools are going to have less long-term special ed expenditures if they invest in these kids early—and if the child welfare agencies engage in a real partnership with the schools.”

McClure spoke about his own experiences with foster children and families in five small counties in downstate Illinois. “We prefer to make a direct connection with those schools. We’ll contact the school counselor or the dean. Our workers sometimes make connections to teachers—especially special education teachers—which helps normalize foster children in those schools.”

Stermer and Samuels both said they had seen progress in DCFS’s relationship with the Chicago Public Schools, the largest district in the state and the one that handles the greatest number of foster children. Stermer said, “CEO Arne Duncan and Bryan Samuels have come to a realization that it’s in the interests of schools as well as DCFS to do a better job. We all suffer if any of the children in our community are not in the mainstream.”

The participants agreed that bringing the broader community into the process requires changing the way people talk about child welfare.

Samuels explained that there has been a tendency to portray the status of abused and neglected children as a doom-and-gloom scenario. Describing such children as damaged or antisocial may help muster funding, but it can make the public squeamish about having contact with them. “We scare

Unfortunately, the system takes “a deficit approach,” treating foster children like a problem to be fixed.

—Dr. Carl Bell
people to get money,” Samuels said. “We have to change the way we talk about these kids so instead of seeing demons, the community sees children who have a future.”

Stermer added that society demonizes not just abused and neglected children, but their parents and the agency charged with protecting them: DCFS. One way to change public perception might be to get people such as Oliver and McClure more exposure, by talking publicly about their positive experiences. “Their optimism and success change the whole conversation,” Stermer said.

Oliver added, “We have to enhance the image one child, one family at a time. If there’s a placement, everybody in the community looks at how it works out. If the family receives the services and support they need, each person’s circle ends up growing in positive ways.”

Bell noted that building public will to support foster families requires marketing. “We marketed seat belts and that works. The public health message is crystal clear: We can fix a lot of these problems, but it will take more than social service providers.”

Samuels said it is important to succeed and to publicize success. For example, DCFS has a program to find housing for college students who are wards of the state. In one town, the story was broadcast on radio. “We had seven kids enrolled in that school, and 50 people called to volunteer. If we can get successes like that out there, it’s a powerful way to persuade the public.”

McClure cited reduced caseloads as another type of tangible success. “Six years ago we were drowning in intake. Now my caseworkers have a caseload of 15:1. We have a realistic shot to make it work. With fewer kids in the system, we’re producing more success.”

Samuels added that the greatest assets DCFS has are private agencies rooted in the community. “They are the believers. We have to find ways to build their capacity.

“It’s not DCFS that is going to change the way kids are viewed—it’s agencies in the community. We have to advocate for them, let them know that their success is DCFS’s success, and that it’s all tied to good outcomes for children.”

“We have to change the way we talk about these kids so instead of seeing demons, the community sees children who have a future.”
—Bryan Samuels
Shifting Focus—
From Safety to Permanence to Well Being

by John Poertner, DSW
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The title of this paper suggests several important questions. Is child well being the next goal after safety and permanence? Is the emphasis on well being shifting focus away from safety and permanence? These are important public policy questions that are seldom discussed or debated. At the heart of these questions is what we as a citizenry want for those children for which the State takes responsibility. A related issue is our collective belief about which children should be the focus of state intervention. It is easier to specify desired results if it is clear who is the target of state intervention. These issues and questions are older than the Department of Children and Family Services or the State of Illinois.

The Foster Care Independence Act of 1999 is one of the latest national policies that relate to what is expected of public child welfare. This Act is concerned with youth making the transition from foster care to self-sufficiency and includes desired outcomes that might be considered in the realm of well being. These include:

- receiving an education, training, and services necessary to obtain employment;
- prepare for and enter postsecondary training and education institutions;
- to achieve self-sufficiency accept their personal responsibility for preparing for and then making the transition form adolescence to adulthood (H.R. 3443, Sec. 477, a.).

The Act further charges the Secretary of DHHS to:

develop outcome measures (including measure of educational attainment, high school diploma, employment, avoidance of dependency, homelessness, nonmarital childbirth, incarceration, and high-risk behaviors) that can be used to assess the performance of States in operating independent living programs (H.R. 3443, Sec. 477, (f) (1) (A)).

The Adoption and Safe Families Act of 1997 (ASFA) is seen as the national policy that balances family preservation and permanency with child safety. An examination of this act finds only one use of the phrase ‘well being’ and that is in reference to the definition of Family Preservation and Family Support services where the words ‘safety and’ are inserted before the word well being in the Social Security Act. However, the first DHHS report to Congress following the mandate of the ASFA has a graphic on the cover that includes the words, safety, permanency and well being (DHHS, 1999). This report also includes the statement “First and foremost it (ASFA) establishes unequivocally that our national goals for children in the child welfare system are safety, permanency, and well being.” (p. 1-4). Child well being is clearly part of the national child welfare dialogue but its origin and meaning are unclear.

Within this national context it would be interesting to identify where the idea of child well being came from and what the originators meant by it. However, I have taken a different approach. I think that the citizens of Illinois would answer questions about expectations of the state differently at different historical times. However, while identification of the children of concern has evolved and continues to include some vaguely defined groups, desired results as expressed in public policy demonstrates some consistency regarding what we want for the children in whose lives we intervene. In this paper I use public policy documents
because they are the best expression of a broad range of citizens concerns and interests. I attempt to trace how the citizens of Illinois have identified which children they were concerned for and what they saw as desirable results of public policy.

The Early Years
Sophonisba Breckinridge (1939, p. 59) a long time University of Chicago social work scholar and activist reported; “The binding out of children was one of the first steps taken in Illinois to provide for the poor.” This was the first group of children of public concern. They were also the first group of poor of concern. The Indiana Territorial Ordinance of 1787 that governed the territory that was to become Illinois included apprenticing of children as a solution to childhood poverty. The colonies and territories of the early days of this country borrowed the structure of poor relief from Elizabethan England (Pumphrey & Pumphrey, 1961). This Poor Law established that the public concern was for children of parents who were thought to be unable to keep and maintain them. The mechanism to provide for these children was apprenticing. This is the learning of a craft. Apprenticing was codified in Illinois’s first Poor Law of 1819 with provisions ‘to put out as apprentices, all such poor children, whose parents are dead, or shall be by the justices found unable to maintain them; males till the age of twenty-one and females till the age of eighteen’ (Breckinridge, 1939). Breckinridge (1939, p. 59) also found, in a history of Edgar County, a provision that people to whom children were bound out were to “raise, educate, and clothe them and give them $100 when of age.” It is clear from this provision that apprenticing was not simply disposal of children that had no other means of support. Public policy also had as the goal for these poor children to acquire an education and sufficient financial resources to start a productive life.

It is interesting to contemplate the current value of a $100 stake available to a 21 year old in the early 1800s. If the Illinois legislature had enacted a provision to provide a $100 independent living stake to all public wards and indexed it to inflation for just the last 100 years, this would be more than $2,800 today. If the promise of a $100 stake indexed for inflation had been implemented closer in time to the Edgar County agreement in say 1850 the current amount would be more than $17,000. Of course there are many problems with this analysis including not all apprenticing contracts in the 1800s were so generous, the original agreement passed the mandate on to the private contractor, and legislators seldom index such amounts to inflation. However, the Edgar County agreement does demonstrate that there was a public concern for more than the budget and minimal care for poor children.

Breckinridge (1939) goes on to chart changes in the poor law through the beginning of the 20th century. In her account the public concern for the children who were bound out was shared by the Illinois legislature when in 1827 changes were made in the poor law that included responsibilities of employers of dependent children. The employer was to provide comfortable board, lodging, washing, and clothing and as much schooling and compensation as should be considered right. However, this language was removed in 1833 when almshouses and poor farms became public policy. Apprenticeship returned in 1854 and remained substantially unchanged until 1931. In this legislation the contract for indenture was to provide that the children should be taught to read and write, should be grounded in the basic rules of arithmetic and should be given such other instruction, benefit and allowance as the overseer might think reasonable. One copy of the indenture contract was to be kept by the town clerk for the use of the apprentice (Breckinridge, 1939). Additionally, the county overseers of the poor were required to investigate the treatment of bound children and

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1 This is based upon an average increase in the cost of living of 3.4%. This is the average annual increase in consumer prices from 1913 through 2003 which is the period of time for which the U.S. Department of Labor reports the CPI.
to defend them from all cruelty, neglect and breach of contract. The educational requirement was modified
by the legislature in 1895 when judges were mandated to specify in the contract that the child was to be ed-
ucated in the common schools (Breckinridge, 1939).

Not all children who were public charges benefited from apprenticeships and not all employers complied
with the terms of the contract. For example, in 1880 the State Board of Public Charities reported that 386
children were living in almshouses and that 40 of these were feeble-minded, 24 diseased, 14 defective and 79
born in the almshouse and illegitimate (Breckinridge, 1939). As these reports suggest different categories of
children were emerging as a public concern. For example, institutions for the deaf and blind were established
in 1837 and 1849 and the Jacksonville Hospital for the Insane was established in 1847.

A Time of Confusion and Fragmentation
Trying to make sense of public policy regarding children in the second half of the 19th century is difficult at
best. Kenneth Cmiel (1995) observes that the weakness of public policy added to the development and
growth of private institutions during this time. He charts the history of the Chicago Nursery and Half-Orphan
Asylum - the forerunner of The Chapin Hall Center for Children of today. This 19th century quasi-public ex-
ample is interesting because this private institution became an instrument of
public policy when city officials encouraged it to open a nursery in a “wicked”
part of town to be part of a revitalization effort to lead to better residential de-
velopment (the near north lakefront of today). The Asylum devoted itself to
being a temporary refuge for families. As Cmiel (1995, p. 15) states: “The goal of
the asylum was to keep families together over the long haul by maintaining chil-
dren through a time of crisis.” What can be seen here is an early concern for
family preservation and short term foster care for children of poor or single par-
ent families.

A separate movement at this time concerned protection of children. The
story of Mary Ellen for whom protection was sought and obtained by the Society
for the Protection of Cruelty to Animals in 1874 is well known if not widely un-
derstood. Lela Costin (1991) did an excellent job of “unraveling” this legend.
She suggests that the fact that Mary Ellen was an illegitimate child beaten by
someone other than her natural parents contributed to press coverage, public
outrage and judicial intervention. A case of a boy severely beaten by a biological
father was unlikely to receive the same sort of attention.

Regardless of the particulars that generated public outrage, child saving or child protection became a
major concern of the late 1800s. The Illinois Humane Society was organized in 1877 and under the direction
of Oscar Dudley focused its attention on cruelty to children by arresting abusing guardians. He claimed that
between 1881 and 1893 that the Humane Society had rescued over ten thousand children (Gittens, 1994).

The Progressive Era
The progressive era may be best marked in Illinois by the celebrated creation of the Illinois Juvenile Court
the first in the nation. By this time public concerns for safety, permanency and education for poor, or-
phaned, delinquent and abused children were well established but not in a coherent public policy. The Act to
Regulate the Treatment and Control of Dependent, Neglected and Delinquent Children took effect on July 1,
1899. The law defined some of the categories of children who were of public concern. Specifically, dependent
and neglected child were defined as:

any child who for any reason is destitute or homeless or abandoned; or dependent upon the public
for support; or who habitually bëgs or receives alms; or who is found living in any house of ill fame
or with any vicious or disreputable person; or whose home, by reason of neglect, cruelty or de-
pravity on the part of its parents, guardian or other person in whose care it may be, is an unfit
place for such a child; and any child under the age of eight years, who is found peddling or selling
any article or singing or playing any musical instrument upon the street or giving any public en-

Regardless of the particulars that generated public outrage, child saving or child protection became a major concern of the late 1800s.
By 1907 the law was amended to include “or has not proper parental care or guardianship” and singing or playing music had to be for “gain” (Hurley, 1976). Interestingly this definition while periodically amended was essentially the same through 1955 (Law of Illinois, 1955).

Noticeably absent from the children targeted by the Act were victims of abuse. Costin (1992) attributes this to progressive era reforms that included the juvenile court, child labor laws and the creation of the Children’s Bureau. In her accounting, the coercive legal intervention reforms of the child protection movement lost public favor and were replaced by what she terms assimilative reform. These reforms emphasized offering emigrant families classes in housekeeping and child care and friendly visiting in the home. This approach also won favor among reformers who were concerned for working conditions and advocated public policy interventions such as outlawing child labor. Attention was given to providing the conditions and reforming parents so that children could be maintained in their own homes or returned there.

Desired outcomes identified in the Juvenile Court Act included permanency through adoption as the preferred result as well as care similar to that given by the child’s parents. This act shall be liberally construed to the end that its purpose may be carried out, to-wit: that the care, custody and discipline of a child shall approximate as nearly as may be that which should be given by its parents, and in all cases where it can properly be done the child be placed in an approved family home and become a member of the family by legal adoption or otherwise (Hurley, 1976).

Public interest in results for children can also be seen in its concern for the care of the States’ children. The Board of State Commissioners of Public Charities was created in 1869 with inspection of almshouses and outdoor relief placements as one of its duties (Breckinridge, 1939). This evolved into the Department of Visitation which was established by the legislature in 1905 and incorporated into the Department of Public Welfare in 1917. The Department’s responsibility was to visit children who had been placed in foster homes by the juvenile and county courts, the overseers of the poor, and the institutions that received money from the state (Gittens, 1994).

There were a variety of reports over the years that expressed concern for the public care of children. In 1874 the county physician of Shelby County expressed his opinion that poor farms were not suitable for children (Breckinridge, 1939). The State Board of Charities issued reports of children in almshouses not attending school or not being allowed to attend by the local schools. Gittens (1994) identified a report prepared by the Juvenile Protection Association that had a major impact. Baby Farms in Chicago by Arthur Guild received considerable public attention and led the legislature to pass a law requiring inspection and licensing of boarding homes. This law specified that licensing standards were to include:

- The food provided the children must be clean, wholesome and suitable in amount and character to the needs of the child.
- Children should receive kind and humane treatment;
- Provision must be made to adequately safeguard the health of the children;
- Provision must be made for the children’s education equivalent to that required by the public school laws of the State;
- No practice or influence detrimental to the moral welfare of the children shall be permitted to exist on the premises;
- The building and the equipment in which children are cared for must be sanitary and in no way endanger the lives or welfare of the inmates;
- In the release of children from the “boarding home” due regard must be given the future health, comfort, education and welfare of the children so released.
- The care, treatment and discipline of the children shall be as far as practicable equivalent to that given...
children of worthy parents in the average normal family. (Law of Illinois, 1919, p 249)

It is interesting to note that the legislative standard of care was that of worthy parents in the average normal family. This is a standard that might be somewhat higher than that of the Juvenile Court Act that specified the level of care being that of the child's parents. Also deserving of special mention were education and health. Consequently these may be seen as desired outcomes with education being equivalent to that required by the public schools. Less clear is what is meant by comfort and welfare.

The National Focus
Child welfare developments in Illinois were, in part, influenced by national concerns. The first White House Conference on Children was in 1909 and focused on dependent children. A theme of this conference was that poverty alone should not be grounds for removing children from their families (Grotberg, 1976). The family was seen as the best place for dependent children with the goal being to help them within this environment. A key to achieving this was assuring that a family was financially viable. Adequate child care was seen as important to poor families' financial viability. The Conference recommended the establishment of a non-governmental national organization for the promotion of child care. The Child Welfare League of American became this organization. The Conference also called for the establishment of a federal agency concerned for children.

Following this recommendation the Children's Bureau was established by law in 1912. It was charged with investigation and reporting upon all matters pertaining to the welfare of children and child life among all classes of people and investigating the questions of infant mortality, the birth rate, orphanages, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment and legislation affecting children in the several States and Territories (Public Health Service, 1976). The influence of the progressive movement can be seen in the topics included in the legislation that was drafted by well known progressives Florence Kelly and Lillian Ward. Julia Lathrop the Bureau's first director was also a well known progressive (Davis, 1967).

It is interesting to note that when Director Lathrop undertook, as one her first priorities, the investigation of infant mortality it was data collection that was the largest barrier (Public Health Service, 1976). The Bureau could simply not fulfill this mandate because of uneven collection of birth statistics. Ms. Lathrop wrote: “We have no national bookkeeping to account for the ebb and flow of human life as an asset and a liability of our civic organism” (Public Health Service, 1976, p. 77). While we are now able to keep track of births and deaths, adequate data collection still plagues child welfare, particularly child well being.

The Depression and the Social Security Act
As the depression descended upon the country the Children's Bureau focused on poor children and the effects of unemployment on their lives. The Bureau issued monthly national relief statistics which later became monthly reports of the Social Security Administration. It increased its work related to child health and the detrimental effects of family poverty on health. This emphasis included starting the school lunch program. The Bureau's study of the effects of a large number of youth wondering the country looking for employment led to advocacy for the Civilian Conservation Corps. All of these studies and activities cumulated in the Bureau playing a role in the forming of the Social Security Act to include provisions for mother's pensions, maternal and child health programs, medical care for crippled children and child welfare services (Bradbury, 1974).

Title IV and V of the Social Security Act of 1935 are the sections of relevance to this paper. Title V included provisions for child welfare services as well as maternal and child health, services for crippled children and vocational education. The Act mandated that the Children's Bureau cooperate with State public-welfare agencies to establish, extend, and strengthen services, especially in rural areas for the protection and care of homeless,
dependent and neglect children and children in danger of becoming delinquent (SSA of 1935 Title V, Sec. 521.). The only reference to desired results is the phrase protection and care.

Naturally the economic depression placed a great deal of emphasis on problems of the poor as seen in its concern for homeless and dependent children. With the Children's Bureau historical concern for delinquent children and the concern that unemployed children may turn to criminal activity it is not surprising to have them included here. Interestingly, neglected children are mentioned but not defined. Title IV defined dependent child as:

a child under the age of sixteen who has been deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a parent, and who is living with his father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, or aunt, in a place of residence maintained by one or more of such relatives as his or their own home; (Social Security Act of 1935, Title IV, Sec. 406).

The Rediscovery of Child Abuse

From the earliest days of Territorial Illinois the children of public concern were the poor. Delinquency was recognized as an early problem with this concern leading to the development of specialized responses being considered something other than the domain of “child welfare”. This identification and specialization became a pattern with a variety of handicapping conditions followed a similar path of public recognition and then development of programs and agencies. Child welfare continued to be concerned for vaguely defined groups of children linked to dependency and neglect.

Child abuse followed a different path with a great deal of public attention in the late 1880s and then losing favor. Dependency and neglect became the preferred terms that allowed for a concern for a broad but ill defined group of children with abuse relegated to obsolescence (Costin, 1992). Child abuse had little or no place on the agenda of the early White House conferences on children. Costin reviewed the 1930 White House Conference and found that Theodore A. Lathrop who was general secretary of the Massachusetts SPPCC was the only one who talked about abuse but termed it neglect by reason of cruelty.

The National Conference of Social Work devoted their 1946 conference to re-assessing the role of social work in a post depression and post war country. The published proceedings from this conference include 5 chapters on delinquency and 5 chapters on “Serving American Childhood” (National Conference of Social Work, 1947). One of these chapters is titled “A Program for the Protection of Children” and was authored by Marguerite Gane who was Executive Secretary of the Children's Aid and Society for the Prevention of Cruelty to Children of Buffalo New York. The focus of her discussion of protective services concerns the neglected children. Her description of protective services is contemporary with discussion of the dilemmas of intervening in family situations, judicial discretion and the need for a 24 hour response. Gain (1947, p. 379) defends child protection based upon the “close relationship between neglect and the behavior of the neglected child.” She further links this with delinquency. One of her examples includes a drunken father who beat his son. She classifies this as a form of neglect.

While child welfare workers experienced child abuse from the beginning of their work, it was publicly rediscovered and defined in the 1960s. Bradbury (1974) comments that there were an increasing number of cases of abuse and neglect referred to state child welfare agencies in the late 1950s. The Children’s Bureau received a similar increase in reports of abuse of children. However, it was the publication of “The Battered Child Syndrome” by Kempe, Silverman, Steele, Droegemuller, & Silver (1962) that played a large role in the public rediscovery of child abuse.

This was also the time that the Department of Children and Family Services was created as a separate agency from the Department of Public Welfare. This legislation collected most of the state functions for children that had evolved through the years and put them into one agency. In addition to providing direct child welfare services the Department was mandated to operate several specialized institutions for children (State...
of Illinois, 1967). These included:
- The Illinois Braille and Sight Saving School at Jacksonville
- The Illinois School for the Deaf at Jacksonville
- The Illinois Children’s Hospital-School at Chicago
- The Illinois Soldiers’ and Sailors’ Children’s School at Normal
- The Southern Illinois Children’s Service Center at Hurst
- The Illinois Visually Handicapped Institute at Chicago
- The Illinois Soldiers’ and Sailors’ Home at Quincy

This list of institutions demonstrates the public concern for children with a variety of handicapping conditions. In addition to these, the Department was responsible for the dependent, neglected and homeless as were abused or exploited children. The law creating the Department was not clear regarding desired results. However, the definition of child welfare services included:

(1) preventing or remedying or assisting in the solution of problems which may result in the neglect, abuse or exploitation of children;
(2) protecting and caring for homeless, dependent or neglected children;
(3) protecting and promoting the welfare of children, including the strengthening of their own families … (1963 Illinois Revised Statutes, Chapter 23, section 5)

Family preservation and child protection can both be seen as outcomes of concern to the legislature in the language of the act creating the Department. What is meant by the welfare of children is not clear. In other places in the Act a concern for education suggests that this is part of what welfare means. In particular, Section 8 makes provisions for 4 students to have “maintenance and school expenses, except tuition,” paid by the Department for their attendance “at a university or college maintained by the State of Illinois.”

The Child Abuse Report Act with the subsequent growth in protective services followed in 1965. Currently in Illinois it is clear that the desired results are child protection (including health) and family preservation. The current Child Abuse and Neglect Reporting act states:

The Illinois Department of Children and Family Services shall, upon receiving reports made under this Act, protect the health, safety and best interest of the child in all situations in which the child is vulnerable to child abuse or neglect, offer protective services in order to prevent any further harm to the child and to other children in the same environment or family, stabilize the home environment, and preserve family life whenever possible. (ILCS 325, 5/2).

The legislative discovery or rediscovery of child abuse and neglect necessitated defining these terms. However, it is easier to define or come to consensus on some forms of abuse or neglect than others. Yet embodied in the concepts of abuse and neglect is a vaguely identified group of children of public concern. To illustrate this consider the legislative definition of neglect. Tracing the legislative definitions of neglect is instructive.

The definition of dependent and neglect, included above was essentially unchanged through 1955. The 1975 Abused and Neglected Child Reporting Act defined neglect as:

A failure to provide, by those responsible for the care and maintenance of the child, the proper and necessary support, education as required by law, or medical or other remedial care recognized under State Law, other care necessary for the child’s well being; or abandonment by his parent, guardian or custodian; or subject a child to an environment injurious to the child’s welfare. (PA 79-65, sec 1 (3))

Currently it takes more than 20 lines of statutory language to identify neglected children. This definition includes much of the above but also identifies newborn infants with the presence of a controlled substance in
their blood as neglected. It also identifies situations that are not neglect. These include when a child is left with an adult relative and when a child's parents depend upon spiritual means through prayer alone for the treatment of disease (ILSC 325, 5/3). While education was included in neglect in 1975, it is not currently part of the definition.

Which Children and What Results
I think that Illinois public policy has been consistent in identifying desired results for children who are subjects of state intervention and these results include safety, permanency and well being. Which children should be the target of state intervention is less clear. Poor children have always been a concern. A variety of handicapping conditions were identified and children with these conditions becoming a concern. The identification of these children was accompanied by development of specialized programs and agencies and eventual separation from 'child welfare.' Child welfare is a different endeavor that is concerned with a vaguely defined group of children. I think that the example of child neglect demonstrates ongoing uneasiness regarding children in situations that public can’t possibly predict or specifically identify but want to benefit from state intervention. These conditions have less to do with a specific harm that the child experiences than exposure to situations that are thought to result in harm.

If we accept the idea that child well being is something that the public values, then the struggle is defining, measuring and reporting on child well being. When I began the outcome reporting activities of the Center I took two approaches to this problem. First, I met with a variety of interest groups and engaged them in a consensus building process to identify dimensions of child well being. Each of these groups quickly agreed that physical health, mental health and education were important dimensions of child well being. However, they also thought that these dimensions were insufficient. However, they could not agree on what additional factors ought to be included.

The second approach was to conduct a literature review to identify what the child welfare field considered to be child well being (Poertner, 1998). This review resulted in identification of health status including both physical and mental health as dimensions of well being. In the area of mental health, the literature included examination of cognitive functioning, developmental delay, behavioral disturbance and emotional disturbance. Education was also identified as a well being outcome as was resilience, and coping. While health and education were both included in most writers’ conception of child well being, there was little agreement beyond that.

Child welfare advocates and researchers cannot seem to agree on a definition of well being either. An indication of this is the current work of Child Trends. Child Trends is a nonprofit, nonpartisan research organization dedicated to improving the lives of children by conducting research and providing science-based information to improve the decisions, programs, and policies that affect children and their families (www.childtrends.org). Child Trends includes an array of domains in its definition of well being, including physical health and safety; educational achievement and cognitive attainment; and social and emotional development. Child Trends well being databank includes 80 indicators in these domains. A concept that is that broad is in danger of losing rather than gaining meaning.

The inclusion of education, physical health and mental health in historical public policy documents and nearly everyone's definition suggests that these areas are a good starting point for measurement and reporting. However, even if there is agreement that education, physical health and mental or behavioral health are the aspects of child well being that are important to assess as child welfare outcomes, there are significant challenges. These include measurement, data collection and establishing standards.

While DHHS agrees that child well being includes education, physical and mental health, they define these in terms of receiving appropriate services to meet the child's needs rather than results. This may be, in part, because child development is a process and it is difficult to focus on results. Children need an education but that is a life long process. What are the results? The No Child Left Behind Act of 2001 provides a common-sense way to think of educational results. Through the Act education agencies are directed to focus on yearly
achievement in key academic areas such as reading, language arts, math and science (http://www.ed.gov/nclb). This may be as simple as a child in the third grade reading at that level.

Measurement of child physical and mental health is more difficult. What constitutes a healthy child? Like education, children are developing physically and mentally as they grow. While there is general agreement in education that yearly progress in reading and mathematics are important, it is more difficult to find agreement on a few critical dimensions or milestones of child health.

Even when there is agreement on how to define child well being, collecting the data is the next challenge. Current measures of safety and permanency can be derived from administrative data-bases that do not require significant additional recourses. However, most of these data-bases do not include data that can be used to derive child well being indicators. Some areas of child well being may be more feasible to include in administrative data bases then others. Education may be a good example. However, Julia Lathrop’s difficulty investigating infant mortality may be of relevance here. Today she might write: “We have no statewide bookkeeping to account for the ebb and flow of educational achievement of our children.”

Measures of physical and mental health are more difficult to include in administrative data bases. One alternative is individual assessment of each child in care on a regular basis. This is an expensive endeavor that is difficult to justify since it is seen as taking resources from other needed services. Another and perhaps more reasonable alternative is an assessment of each child in a random sample of cases. This may be the idea behind the CFSR conducted by DHHS. Unfortunately, they rely on samples of 50 cases. This is insufficient to draw conclusions about the population of children in state care in nearly all cases. Statisticians have determined the size of a sample sufficient to generalize to a population of a given size that is usually much larger than 50. This is less expensive and more accurate than assessment of each child in care however it still requires substantial resources.

Reporting on the educational achievement, physical or mental health of children in state custody also raises concerns about standards. We know that children come into care with significant developmental delays as well as health and mental health problems. Standards or comparisons of child well being for those in care need to be compared to or adjusted for the condition of the child upon entering care as well as the length of time the child has been in care.

For example, what does it mean if it is reported that 40% of the children in state custody are below grade level in reading? We know that upon entering care, children in non-related foster care have IQ scores ten points below that of the general population with minority children and those from lower socioeconomic levels scoring significantly lower (Dumart, 1985; Fox & Arcuri, 1980; Fanshall & Shinn, 1978). In addition, how much can a child’s reading skills improve if they are in care for a short period of time? Establishing standards for child well being must take these results into consideration and this makes it a complex process requiring substantial research to produce meaningful comparisons.

**Conclusion**

The public in its expression of concerns has never clearly defined which children should benefit from state intervention. Poor, dependent, delinquent, abused, neglected and those with a variety of handicapping conditions have all been mentioned as beneficiaries of public policy. Today it is relatively easier to agree on who some of these children are. We have fairly unambiguous definitions of poor, abused, and delinquent children. We still struggle with which children are neglected and our struggle may be with the idea that there are children out there exposed to harmful conditions that cannot be predicted or specified.

I think that public policy has more clearly specified desired results for children who are the target of state intervention. Today there is a clear consensus on protection and permanency. However, a reading of Illinois history indicates that this is not sufficient. This history indicates those educational achievements as well as physical and mental health are dimensions that most citizens would agree upon. While there are large problems of measurement, data collection and standards related to reporting on these results, I believe that the public will appreciate and demand this level of accountability for their children.
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The Value and Role of Communities in Caring for Foster Children

by Jerry Stermer
President, Voices for Illinois Children

The Illinois Department of Children and Family Services (DCFS) has played a central role in the lives of hundreds of thousands of Illinois children. As the agency has served in loco parentis for so many children, the citizens and political leaders of our state have entrusted DCFS and its partner agencies with its most important and sacred responsibility. This paper examines the development of our collective response to children who need the intervention of state and local governments in their lives in order to be safe, and suggests that continued improvements in our approach to child welfare will need the more active involvement of the broader community. Making sure that foster children are not only safe but doing well in all aspects of their development will take a concerted and shared effort on the part of both child welfare agencies and community leaders.

Protecting Vulnerable Children

The underlying philosophy of foster care is that children are better off, emotionally and psychologically, in a home environment with someone substituting in the role of a parent. The logic is that with one or more foster parents caring for a small number of children, the child should have all of the love, attention and opportunities needed for healthy development. It has always been clear to child welfare professionals that every child needs at least one adult in his or her life who is “crazy” about that child and whose loyalty will never waver through thick and thin. For far too many children, the foster care experience falls short of the mark. Painfully we realize that there are multiple problems with the foster care system that result in many children experiencing the trauma of multiple placements. A 2004 report by the Pew Commission on Children in Foster Care found that while the 1997 Adoption and Safe Families Act was supposed to limit the time children spend in foster care, the majority of the nation’s foster children remain in care longer than three years and live in at least three homes. The report illustrates serious shortcomings that have a negative impact with lasting consequences on many children.

Today, there are just under 20,000 Illinois children living in foster or substitute care. That’s down from an unprecedented level of nearly 52,000 children in 1997. These declining numbers reflect the reforms that DCFS has implemented within the past few years, including a move toward permanency and intact family services programs that identify at-risk families and provide support as a way of preventing abuse and neglect situations.

But the problem of vulnerable children at risk for abuse and neglect continues. Child maltreatment is often the symptom of problems in a child’s life that may include poverty, parental substance abuse, mental health problems, stress or violence. These social forces have exerted many unfortunate, debilitating influences on parenthood, on interactions between parents and children, and consequently on children and their development. Addressing these entrenched roots of child abuse takes more than providing access to social services; these serious problems warrant a collective, supportive response from society and communities. Children in foster care may suffer from a range of long- and short-term effects, from physical injuries to psychological damage—such as learning disabilities, depression, low self-esteem and antisocial and aggressive behavior—that also call for support from the broader community to counteract. Additionally, the way children can be negatively perceived within our culture (images of gangs, youthful criminals, for example) pose real concerns and fears in adults who then may become less empathetic (or completely unfeeling) to the plight of children in need.
All families and children need strong community support. That is why cities, towns and neighborhoods work so hard to have good schools and to secure programs for the arts, parks and recreation, community centers, hospitals and universities. As the resources available from government sources dwindle, today’s families depend more on the private sector and on their own resourcefulness in raising their children.

The Current Role of Community

The Illinois Legislature created DCFS in 1964 in response to the recommendations of private child welfare agencies that more focused attention and resources should be directed to children who became wards of the state. The Child Abuse and Neglect Reporting Act of 1965 mandated that the new agency focus its operational priority on investigations of alleged abuse and neglect. Society was in the midst of a profound transformation of public opinion, shifting from a hands-off approach to insisting on prompt response to cases of alleged abuse and neglect through investigations and services. Long-held values of respect for privacy and sanctity of family life were redefined in light of gruesome stories of physical and psychological abuse or neglect of children. The agency’s primary focus was rightfully on identifying children in abusive situations and protecting them from further harm.

In Illinois and across the country, new laws required professionals who work with children to report suspected abuse or neglect to the state. People who work with children as teachers, child care workers, medical professionals, police and others were now instructed to be alert to suspected failures or abuse by parents and guardians and compelled to report to the state agency’s hotline.

Along with its investigative role, DCFS was charged with matching abused, dependent and neglected children with appropriate temporary substitute care and making recommendations to the court for a long-term plan. DCFS became society’s official designee to find alternative families for foster children.

DCFS today continues to share its parental role with private, community-based child welfare agencies. These private child welfare agencies are governed by independent boards of directors and are grounded in a rich history of community service, volunteerism and commitment to a belief that we all have a responsibility to care for the less fortunate. Many are organized and managed by faith-based groups, and others have historical or indirect relationships with the faith community. They have deep roots in the cities and towns of Illinois and serve as among the clearest expressions of our society’s deeply held values of concern and compassion for disadvantaged children. State funding is available to private child welfare agencies, but most are also supported by extensive private fundraising, including United Way grants and personal gifts and endowments.

The most extensive community participation in supporting children who become wards of the state comes from those who step forward to serve as foster parents and adoptive parents. Extended family members and non-relatives who become substitute parents for these children are the most important adults in children’s lives when they must live apart from their parents. Yet, like all parents, they cannot do it alone. They need the support and resources of the broad community—schools, park districts, libraries, health care providers, faith-based institutions and the like—just like other parents. Too often they and their foster children experience a profound sense of isolation, a feeling of being very different, and too often a sense that they are left out of the broader community.

For the most part, the broader community, or society, so far has played a largely passive role in the lives of foster children. Society’s actions have been limited to expressing outrage at horrific stories of abuse and neglect, like that of Joey Wallace, who was killed by his mentally ill mother in 1993 shortly after they were reunited. Understandably, the public insisted that both the state agency and its private sector partners be “held accountable” for a seemingly endless series of cases where caseworkers or child welfare officials were publicly blamed for misjudgments that resulted in the deaths of children or, in the controversial case of “Baby Richard,” the disruption of an adoptive relationship. While it’s certainly true that improvements to the child welfare system have been made in the wake of these public uproars, the broader community has not discovered an ongoing, supportive role for itself in caring for foster children.
The Future Role of Community

At the core of myriad problems experienced by foster children in Illinois is the simple fact of limited community resources. In an ideal world, there would be a dozen or more potential foster or adoptive homes available to caseworkers for each new child who needs substitute care. Neighborhood schools would be poised to enroll youngsters in regular or special education classes and provide tutors and/or out-of-school child care for foster children. Employers would routinely be invited to ensure that wards of the state have access to summer jobs, special scholarships and community opportunities. Pediatric care would be regularly available in the same clinics and doctor’s offices where other children go for services. And, in this ideal world, foster children would routinely be able to participate in sports and cultural activities without being singled out as different or being subjected to a maze of red tape before they are allowed to join.

Unlike almost all other government responsibilities that focus on specific aspects of human life (health care, education, transportation, outdoor recreation, etc.), the child welfare assignment is all encompassing and, especially for children who become wards of the state at a very young age, a lifelong reality. It is only natural, then, that the Illinois child welfare system has set its sights on the entire range of child well being, not just the safety of a child’s home environment. DCFS wants to make sure its children are not only safe, but that their growing-up years are filled with healthy and loving experiences and that they have access to good education, health care and family life that includes economic security and the like.

There is a clear role for the broader community in this new model of foster child well being. We surely want foster children to have every opportunity for normal development, to be indistinguishable from other children. To accomplish this, all sectors in every community must re-examine the way foster children are treated. Our basic social institutions like education and health care must change in order to stop treating foster children separately and differently from children who are not in the foster system. Supportive structures like after-school programs, sports leagues and clubs must restructure their approach to parental permission to ensure that foster children are not made to jump through complex and unnecessary hoops. While caseworkers are an important part of the system of care for foster children, they are not miracle workers and cannot do everything alone. Caseworkers and foster parents need to be able to access the full array of society’s resources to address the needs of foster children. Similarly, we need to make sure that relatives who care for foster children in a “kinship care” arrangement are accessing all the services to which they are entitled; research shows that many are not.

Communities must work to provide foster children with all the supports that we know are critical to child and family well being: a quality education, access to preschool, affordable child care, appropriate tax credits for foster and adoptive families, health insurance coverage and more. Foster care may actually improve a child’s outcomes, especially if a placement enables a child to have greater access to needed services as well as the chance to live in a more nurturing household. Foster children are more likely to have a “successful” adult life if, while they are in substitute care, they receive community support in the form of life skills preparation, high school completion, participation in clubs and youth organizations, and college scholarships or job training, among other factors.

The health care system must make changes so that the provision of medical services to foster children is conducted no differently than that for other children. Foster children are eligible for Medicaid health insurance. While it’s important that foster children have health care coverage, foster parents often face difficulties in finding doctors who accept Medicaid patients, and many foster parents who have their own children living at home are unable to take all the children to the same doctor. There also must be continuity of health insurance coverage for children as they move into and out of foster care. Foster children should receive initial health and developmental assessments upon entry into substitute care as well as routine, periodic, comprehensive health evaluations in order to identify not only health problems but emotional and behavioral issues that can benefit from early detection and treatment as well. Families—birth, relative, foster and adoptive—must be involved partners in providing health care and part of planning, implementing and evaluating care. Families should receive training and information on children’s health and development issues as well as access to resources and services.
Foster children must be able to attend school with other neighborhood children and should not be made to attend a separate, different school. It would often be most beneficial if foster children could continue at the school they attended before they entered substitute care. Changing schools frequently can be very disruptive and counterproductive. Many children fall behind emotionally and socially as well as academically as a result of difficult school transitions. This can exacerbate problems such as learning disabilities, mental health problems like low self-esteem and depression and antisocial or aggressive behavior.

Changes are needed to provide better economic security for foster parents as well. Almost one-third (29 percent) of children in foster homes are living below the poverty threshold. Foster parents are historically reimbursed at low rates and are expected to cover the costs of care with their own funds. These families clearly would benefit from income support measures such as higher reimbursement rates for foster parents and access to affordable and adequate housing. Improving the state and federal earned income tax credits offered to low-income, working adults would also provide eligible foster parents with a larger financial boost.

The legal system also needs to make changes to support a new model of community involvement in foster care. Although the legal system was set up to protect children, it has failed in many ways. Shifts in public policy over time have created systems that are complex in nature and at times have been counterproductive to protecting children. The legal system poses a further threat to a society of caring individuals. Within the last few decades, many changes have taken place in attitudes regarding the assistance others may provide to people in need. These social changes affect family law in general and civil law (or torts) in particular. The most common basis for tort liability is negligent conduct. Legislators enact statutes that establish standards of care for private conduct. For example, a caretaker can be held responsible for situations in which children are hurt due to their negligence. The number of lawsuits filed for these circumstances has risen dramatically over the years. This growing trend of litigation has paralyzed or made paranoid a group of people—the “good Samaritans”—who may be able to provide supportive resources to families in need. It is vital that parents be given the approval—both legally and socially—to make arrangements for someone to care for their child without the threat of being criticized or penalized, and for relatives or neighbors to care for children without fear of legal liability. A way to deal with this issue is by removing the legal impediments that create barriers for people who want to help others, particularly children who have been abused and neglected.

Individuals in a community might also be helpful in giving respite care to parents who are experiencing stress. Throughout history, relatives, friends and neighbors have taken care of children informally when a parent was in a situation where they were unable, unwilling or unfit to take care of their child. Today, this arrangement has become formal and institutionalized through the foster care system, perhaps because many families are widely dispersed and don’t live close to relative or friends they can depend on to fulfill this role. Both formal and informal respite care would need to have limited legal liability which could be established by broadening the Good Samaritan construct within the state statutes. Given the limited government resources for substitute care and the importance of preserving parent/child relationships, communities can play a broader role in caring for children. There are numerous benefits—less disruption for the child, especially when there is an existing personal relationship with the family and the care is integrated in the family’s neighborhood; cultural compatibility; easy transitions; and more. In addition, there can be a significant, positive influence on children facing social, economic, physical or intellectual disadvantages.

The ultimate goal should be to prevent the need for foster care by reinforcing society’s responsibility in preventing child abuse and neglect. Families need opportunities to earn an adequate income, receive health care and have affordable housing, and they need community support from mental health services, substance abuse treatment and parenting skills. Working together, citizens can create effective means to prevent children from entering the foster care system and providing support to those families who have taken the responsibility of caring for foster children. Through intensive dialogue and interaction, we can shape the social context of disadvantaged families and their children and alter the negative forces that lead too many children into foster care. Community members can work toward changing the situation of families with children at
risk of abuse or neglect by assuming some of the following responsibilities:

- Becoming more involved in solving the social problems of disadvantaged families and abused and neglected children.
- Developing a cohesive group of parents (or friends in the community) within the school system to work with children who have special needs.
- Creating ongoing community events that promote group unity such as block parties, neighborhood cleanups and artistic projects.
- Supporting a network of parental support that includes young adults and senior citizens.
- Creating and supporting an awareness of neighborhood children so that all the adults contribute to their safety, comfort and growing independence.
- Networking with neighbors to reduce isolation and help with life’s demands, especially care of children and the elderly.
- Encouraging opportunities for neighbors to share their special talents with others, swap skills and learn more about each other.
- Initiating and supporting the creation and maintenance of safe play spaces for children and youth.
- Conducting these types of “asset-building” activities focus on a community’s strengths and create a positive base for expanding society’s role. Mapping a community’s assets can identify the gifts, skills and capacities of residents, associations and institutions that lead to an often surprising array of individual talents and productive skills.16

A New Image of Foster Children

In its fifth decade, DCFS and its partners and collaborators are challenged to move beyond the most fundamental questions of child safety and timely decision-making. The field of child welfare in Illinois is poised to address the more complex questions of child well being. Analysis of success in the future must consider whether or not children cared for by DCFS are given not just alternative physical care but also the full complement of culturally appropriate emotional, educational and social supports needed for healthy development.

Illinois needs to change the image of its foster children from isolation to inclusion. A foster child should be indistinguishable from any other child in a classroom, on the baseball diamond, in the doctor’s office. Consider these two pictures:

The poignant photo at right17 of a young boy is the image of foster care in America today. He waits alone for a ride to his next foster home, just one in a series of placements. He doesn’t know who is coming for him, and he has no one to wait with him.

Now consider the second photo.18 Here we see a happy foster child who is a part of a winning youth basketball team. He is fully integrated into his local community and has been embraced by not only his foster family, but also by people in the broader community—neighbors, coaches, teachers, religious leaders, other children. His is loved and he is happy.

We can achieve this new picture by redefining the role the broader community plays in the lives of foster children to one that is active, not passive. Communities and the people who live in them must become an integral part of the solution, not just voices pointing out problems. All of us who care about the future of our most vulnerable children must engage in a new public campaign to challenge ourselves to embrace foster children as full members of the community. To be fully successful in meeting this challenge, everyone involved in child welfare today will need to find new ways to invite and welcome the involvement of a broad range of community leaders, initiatives and resources.
Bibliography

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End Notes


8 Pecora, Peter J., et al. (December 2003). Assessing the Effects of Foster Care: Early Results from the Casey National Alumni Study. Casey Family Programs.


15 Pecora, Peter J., et al. (December 2003). Assessing the Effects of Foster Care: Early Results from the Casey National Alumni Study. Casey Family Programs.


17 Photo image from iStockphoto.com, intended to represent the current image of foster care.

18 Photo image from BananaStock, intended to represent the future image of foster care.
Back row, left to right: Edward Weaver, Gordon Johnson, Sterling Ryder, Jess McDonald, Donald Schlosser
Front row: Margaret Kennedy, Gregory Coler, Donald Brieland, Bryan Samuels, Mary Lee Leahy

**DCFS Directors**

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<tr>
<th>Years</th>
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Youth from Uhlich Voices and FYSH (Foster Youth Seen and Heard) shared their perspectives during the DCFS 40th Anniversary events (top left, top right, bottom right).

Merri Dee, Director of Community Relations for WGN-Channel 9, emceed the 40th Anniversary Dinner and introduced the youth performers (bottom left).
Special thanks to our sponsors:

The Annie E. Casey Foundation

The Chicago Community Trust

Prevent Child Abuse Illinois

Steans Family Foundation