

are more consistent, and rehabilitation is not the primary focus. By 1910, 34 states had created juvenile courts, and by 1945, all states had enacted juvenile court legislation.

The creation of juvenile courts was not without controversy. The original concern about the focus on rehabilitation rather than on punishment continues today particularly because of the seriousness of many juvenile crimes. Most states have passed laws that restrict the jurisdiction of the juvenile court so that youthful offenders who are accused of serious, violent crimes against people can be moved from the juvenile court to adult criminal court.

EARLY WELFARE PROGRAMS

During the early 1900s, the country recognized the need to support families, particularly women with children who were widowed by husbands dying in wars. The forerunner of welfare programs was initiated in the early 1900s with Mother's Pensions. Illinois was the first state to implement pensions throughout the state in 1911, and 35 other states had followed suit within 10 years. The purpose of the pensions was to assist widows or deserted wives and needy children (Kamerman & Kahn, 1989).

MAJOR LEGISLATIVE CHANGES

1935: Social Security Act

One of the most significant and long lasting legislative acts was the Social Security Act of 1935 because it has greatly influenced the lives of individuals and families. The enactment recognized that the Depression, poverty, and loss of work were features of the societal structure and that these external socioeconomic circumstances were responsible for the conditions under which many families had arrived. There was recognition that destitute individuals and families had not arrived at their state through their own doing. The law created a federal responsibility for the welfare of the citizens (Axin & Stern, 2001). Both grants and service programs were created as this act laid the foundation for the present welfare and child welfare systems in this country. Each state was required to make welfare services available to all children and provide for the protection and care of homeless, dependent, neglected, and potentially delinquent children. Aid to Dependent Children (ADC) was established to provide for the care of children who had one or more parent absent from the home, unemployed, deceased, or incapacitated.

Several subsequent amendments to the Social Security Act have both had an effect on families and broadened the scope of child welfare services. In 1939, Survivors Insurance was enacted. The amendment was designed to support widowed mothers whose spouses had contributed to the social security system.

1962 and 1967: Social Security Amendments

In 1962, Congress felt it would be helpful to offer services to families who received cash assistance, and social services were incorporated as part of a broad approach to the ADC program. However, the 1967 amendments separated services from public assistance, and the subsequent cash assistance programs were not combined with other needed service programs. This was unfortunate because many families who entered the child welfare system had severe economic problems that influenced decisions to place children in out-of-home care. Had the programs been combined and these families offered services earlier, the crises that precipitated child placement may have been avoided.

The 1967 amendments also authorized services to recipients of a number of cash assistance programs. These amendments permitted states to contract for services with the private nonprofit sector. Because the services were funded as federal entitlement programs, as long as the private agencies were able to put up the required match, there were no limits to the amount of money agencies had available for services. Consequently, there was a great unanticipated expansion in social service spending. Congress ended the expansion with the passage of Title XX.

1965: Health Care for Vulnerable Individuals and Families

In 1965, one of the more significant amendments related to health care, Title XIX or Medicaid, was passed. Medicaid provides funding for health care to income-eligible individuals and families. A particularly important section for child welfare was the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program, a health care assessment component for pregnant women and women with young children. The assessment helps identify health issues early on to prevent serious problems later in childhood. In addition to providing funding for physical health services, the EPSDT program also became a funding stream for mental health services for children. In fact, EPSDT led to the funding of wraparound services for children, which is currently considered an effective program (Furman & Jackson, 2002). Wraparound programs are those in which the family identifies the services and supports needed and agencies then provide the services.

1974: Child Abuse and Protection Act

Passage of the Child Abuse Prevention and Treatment Act (CAPTA), Public Law (PL) 104-235, in 1974 brought significant improvement to the protection of children throughout the country. The law clarified and expanded the types of maltreatment that were reported to child protection services (CPS) agencies, including physical abuse, sexual exploitation, and emotional neglect; the law also broadened the group of professionals mandated to report abuse. CAPTA also provided grants to eligible states for child abuse and neglect prevention

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and treatment programs. The law created the National Center for Child Abuse and Neglect (NCCAN), which serves as a national clearinghouse for disseminating materials about child abuse and neglect, increasing public awareness of child abuse and neglect, and funding demonstration projects.

In 1978, CAPTA was expanded to cover child pornography and adoption law reform. CAPTA was reauthorized in 1996 and included provisions for confidentiality and expunging records. States must establish an appeal process for persons accused of abuse or neglect and establish citizen review panels to evaluate CPS programs.

An amendment to the child maltreatment laws involved cases of medically fragile infants. In 1984, the "Baby Doe" amendment was added as PL 98-457. This act expanded the responsibilities of CPS by requiring them to develop programs and procedures to respond to reports of medical neglect, including reports of withholding medical treatment to disabled infants with life-threatening conditions. The legislative intent was to protect the rights of infants while avoiding unnecessary intrusion into family life.

1975: Title XX

Recognition that the approach to services and supports was fragmented brought about a new section of the Social Security Act when Title XX was passed in 1975. The congressional hope was that this act would provide for a comprehensive approach to services. Title XX replaced Title IV-A as a number of funding programs were absorbed into a single grant. The open-ended entitlement for services that had been authorized in the 1967 Social Security Amendments was eliminated. Several programs were combined under a capped expenditure, and much less money was available to private agencies; thus, they were limited in their ability to provide services.

Title XX required states to conduct planning sessions and provide monitoring and target services to low-income individuals and families. Title XX increased the states' flexibility in how they used funds to achieve five goals in helping families and individuals: (1) achieve economic self-support; (2) achieve self-sufficiency; (3) prevent or remedy neglect, abuse, or exploitation of children and adults; (4) prevent or reduce inappropriate institutional care; and (5) secure referral or admission for institutional care when other forms of care are not appropriate. Funds to states had to be used to support one service in each of the five objective areas (Kamerma & Kahn, 1989). Title XX was funded at a level of \$2.5 million in 1976 and increased to only \$2.7 million in 1989, clearly limiting the ability of states to create a more comprehensive approach in dealing with vulnerable children and families.

1978: Indian Child Welfare Act

The Indian Child Welfare Act (ICWA) was passed in 1978 (PL 95-608) out of concern about the number of Native American children being placed in non-Native homes and placed out of the geographic area in which they lived. The

act protects the cultural heritage of Native Americans by granting tribes authority over Native American children. The law delineates an order of preference for placement of Native American children outside of their homes. The order of placement preference is (1) a child's extended family, (2) a foster home approved by the tribe, and (3) other tribal placement resources.

In spite of the passage of ICWA, studies indicate there has not been much progress in this area. In fact, one study indicated that of 44 state child welfare plans evaluated for compliance, only 34 percent had developed specific measures to identify Native American children, only 27 percent had specific measures for identifying the relevant tribes, and only 41 percent had specific measures related to identification of Native American caretakers (Brown, Limb, Munoz, & Clifford, 2001).

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1980: Adoption Assistance and Child Welfare Act

Even though CPS were created to intervene in the lives of families when parents were unable to protect their children, it became evident that states were neglecting children by allowing them to linger in foster care. Out of this concern came one of the landmark pieces of child welfare legislation: PL 96-272. This legislation was focused on foster care and dealing with the thousands of children who were "drifting" in foster care. The intent of the law was to restore the family as the primary caretaker of children. Under this act, agencies became responsible for conducting efforts to prevent placements, accomplish speedy reunification when placement was necessary, or find permanent alternatives when children could not be returned home. The intent of PL 96-272 was to reduce the numbers of children entering care, reduce the time they spent in care, and find permanent placements when necessary.

The act amended Titles IV-A and IV-B and created Title IV-E, which subsequently created improvements in the administration of foster care programs. Child welfare agencies were required to create an inventory of children in foster care and a statewide management system. New legal safeguards were introduced, including 6-month case reviews and a court dispositional hearing within 18 months of placement.

PL 96-272 provided funding for permanency by creating subsidized adoption for eligible children with special needs. In addition to foster care activities, Title IV-E also supported short- and long-term training and provided the thrust for the state child welfare agency university training partnerships. After 1980, many social work programs and public child welfare agencies developed formal arrangements. Using Title IV-E funding, schools and departments of social work developed short- and long-term training programs to professionalize child welfare staff and prepare them to work with the most vulnerable families and children in the child welfare systems.

The original intent of the law was far reaching, particularly with funding for adoption. As required, all 50 states enacted legislation to carry out the mandates of PL 96-272. Initially, there was a substantial decrease in the numbers of children in foster care. However, the intent could not be realized

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because the Reagan administration brought huge reductions in all social service programs, including child welfare (Kamerman & Kahn, 1987).

1984: Multiethnic Placement Act

Congress passed the Multiethnic Placement Act (MEPA), PL 103-382, in 1984 to address the overrepresentation of ethnically and racially diverse children in foster care and the excessive length of time they spent in such care. In 1994, 60 percent of the children in foster care were from diverse populations, and they waited twice as long as other children for permanent homes. It was customary for most child welfare agencies to match children with parents of the same race or ethnicity. Some agencies were successful; most were not. Congress passed MEPA to eliminate race-related barriers to placement. In 1996, Congress amended MEPA by removing any provisions stating that race could be used in placement decisions. The intent was to enhance the capacity of agencies to provide permanency options for all children regardless of race or ethnicity.

1986: Independent Living

In 1986, the Independent Living Initiative, PL 99-279, was passed with funds to support adolescents preparing for independence from the foster care system. The impetus for this law was the large numbers of youths who exited the foster care system without being adequately prepared for adult living. These programs were aimed at preparing adolescents to manage money, seek employment, dress and groom appropriately, and perform other activities. The 1986 legislation provided for a limited number of programs, but the act was expanded in 1999 and renamed the John E. Chaffee Foster Care Independence Program. The 1999 act took a much more comprehensive approach by requiring states to prepare youths for employment by attending to emotional, financial, personal, housing, and other needs (Barbell & Freundlich, 2001).

1993: Family Preservation and Support

Public Law 96-272 produced short-lived reductions in the numbers of children in foster care. Because of federal funding cuts, child welfare agencies faced many challenges with diminished resources. Consequently, foster care became the main resource for at-risk children. As was the case prior to the passage of PL 96-272, thousands of children entered the foster care system while only a small percentage exited such care. Congress attempted once again to deal with the problems by creating the Family Preservation and Support Program as part of the Omnibus Budget and Reconciliation Act in 1993.

These amendments to the Social Security Act (Title IV-B, Subpart 2) sought to promote family strengths and stability and enhance parental functioning. Federal dollars were provided to states for preventive or family support services and family preservation services for at-risk families. The strengths of the act included suggestions that child welfare agencies partner with other public

and private agencies so that resources could be maximized through collaboration (APWA, 1995). This new program was considered a catalyst for interagency collaborations in which prevention, early intervention, and intervention services were available. The intent was to provide an array or continuum of services to meet the individualized needs of families and children.

1996: Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)

Welfare programs have been controversial for a number of years. Congress made several changes in welfare laws throughout the years in attempts to deal with multiple issues. Before 1962, assistance was provided to single parents or to both parents if one was incapacitated. This policy was disruptive to families as it led to one parent leaving so children could receive benefits. From 1962 to 1990, some states opted to provide benefits to needy two-parent families, and the federal government's policy eventually changed to provide Aid to Families with Dependent Children (AFDC). The Family Assistance Act of 1988 recognized the need to provide financial benefits as well as assistance with child care and work-related support and training.

Ideological and political forces converged in 1996 to bring about the passage of the major welfare reform bill, PRWORA. The thrust of the reform was to move people from welfare to work. This bill replaced AFDC and welfare with work programs by creating Temporary Assistance to Need Families (TANF) as a block grant program to states. One major change was the loss of entitlement status to assistance programs and the devolution of welfare programs from the federal to the state levels. Strict work requirements were included as part of this grant in efforts to move individuals from welfare to work. Benefits are time-limited in that welfare recipients cannot receive benefits for longer than three years at a time and cannot receive lifetime benefits for longer than five years. The law permits states to maintain lower limits in terms of lifetime eligibility. In order to receive benefits, teen parents are required to live with their parents or other qualified adults.

1997: Adoption and Safe Families Act

In spite of passage of the Adoption Assistance and Child Welfare Act of 1980, the Family Preservation and Support Act, and passage of other laws, the number of children in foster care continued to rise. Inadequate funding, worker turnover, and complexities of child and family issues provided insurmountable challenges for child welfare agencies trying to deal with burgeoning foster care caseloads. In 1997, Congress passed the Adoption and Safe Families Act (ASFA). The intent of Congress in passing ASFA was to provide assurances that states would implement the mandates of the Child Welfare Assistance Act of 1980. ASFA requires that alternative plans be made within specific timelines and creates conditions for filing termination of parental rights (Lindsey, 2004). The law represents the most aggressive action taken by Congress to deal with the numbers of children drifting in foster care. States must file termination of

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parental rights for any child who has been in care for 15 of the most recent 22 months and set the time frame for permanency hearings at 12 months rather than at 18 months. During these hearings, agencies must make determination of whether and when a child will be returned to his or her family. States must also make reasonable efforts to place children for adoption. Long-term foster care is no longer considered an option for permanency.

Clarifications provide that agencies need not make reasonable efforts: if parents have subjected children to "aggravated circumstances," such as committing a felony against the child including bodily harm; if parents have committed murder or voluntary manslaughter; or if parental rights of siblings have been terminated (Pecora, Whittaker, Maluccio, & Barth, 2000).

For the first time, three national goals for children were established: safety, permanence, and well-being. ASFA brought a shift in requiring accountability of agencies based on outcomes such as keeping children safe instead of agencies counting activities such as the number of maltreatment reports investigated. Adoptive placements have increased since the passage of ASFA, and the majority of the adoptive placements have been with the foster parents. There is also an increase in kinship or relative care, as ASFA provided for guardianship as a permanent option used in kinship care.

Establishing timelines for termination of parental rights was appropriate. Children should not languish in foster care. However, this act provided no additional programs or funds to assist biological parents in keeping their children safe. Consequently, parents with substance abuse issues may not get the additional time and resources needed for successful reunification with their children. Language issues for non-English-speaking families may further complicate timely achievement of agency case plans and reunification. Other issues not considered in the legislation include court delays due to excessive caseloads. Child welfare agencies have thus become responsible for implementation of a law that creates incredible challenges.

2003: Adoption Promotion Act

Because so many older children had become available for adoption, Congress passed the Adoption Promotion Act in 2003. This act reauthorizes the incentives of ASFA and provides incentives to states that are able to place additional foster care children into adoptive placements beyond their recognized baseline. However, states have not always received the bonuses available to them and may not receive the full benefits of additional adoptive placements.

EVOLUTION OF CORE CHILD WELFARE PROGRAMS

Evolution of Child Protective Services (CPS)

After 1935, specialized child protective services agencies were created across the country. However, public concern about child abuse and neglect was somewhat dormant until the 1960s, at which time Dr. Henry Kempe identified