



Our
Children: 
Our
Future

Minnesota kids who don't live at home

Research Summary

BY WILDER RESEARCH CENTER



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Minnesota kids who don't live at home

Our Children: Our Future is an ambitious effort to unite Minnesotans who are committed to ensuring healthy homes, loving families, and community support for all the state's children – including those who for some reason are unable to live in their family's home. To further this cause, the project has sought to create a statewide forum to identify and address the needs of Minnesota's most vulnerable children. This project was undertaken in part to help community members who may not have specialized knowledge about these issues to obtain the basic information needed to participate in discussions and consider solutions. The overall goal is, through greater resolve and attention, to increase the likelihood that every Minnesota child can become a successful and productive adult.

To provide a common knowledge base for community discussions, Wilder Research Center developed this background report on Minnesota children who do not live at home. A more detailed and technical report is available on the *Our Children: Our Future* web site at www.ourchildrenmn.org and on the Wilder Research Center web site at www.wilder.org/research.

This study has taken a wide reach by seeking out information on virtually all Minnesota children at risk of placement and those not living at home. Much of the demographic information was provided by the Minnesota departments of Human Services and Corrections. In addition, researchers conducted an extensive review of studies about the effectiveness of current services, and a review of the laws and funding related to the placement of children. Wilder Research Center also surveyed professionals in the fields of child protection, juvenile probation, and the court system concerning what is working in Minnesota and what might need attention.

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Our Children: Our Future is a joint endeavor of a diverse group of Minnesota organizations, including Family Service, Inc., the Professional Association of Treatment Homes (PATH), the Minnesota Council of Nonprofits, and the Target and Minneapolis foundations. Its advisory committee includes representatives from state and county government, foundations, corporations, nonprofits that serve children and families, service providers, advocates, and social science researchers.

Our Children: Our Future has also produced a summary of a dozen community listening sessions held in diverse communities throughout the state between November 2002 and March 2003. That summary is published in a companion report, *Community Listening Sessions*. These and other publications produced by *Our Children: Our Future* are available on the project's web site at www.ourchildrenmn.org.

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Introduction

The problems of any society are magnified in the lives of its children. Adult struggles and choices – whether domestic violence, poverty, drug or alcohol addiction, racial injustice, mental illness, or other problems – end up affecting the lives of the young, often in very damaging ways.

The good news is that most children in Minnesota are safe in their homes and with their parents. In fact, on most indicators of child well-being, Minnesota is ahead of other states. And most youth get through adolescence without getting into serious trouble. But still, every year, nearly 30,000 Minnesota children and youth stay in some type of publicly supervised treatment program, foster care, correctional facility, or shelter. For most this is a temporary arrangement, but for a substantial number (we estimate at least a quarter, or 7,500 children), it is one in a series of placements or shelters.

This report is unique because it takes a combined look at all Minnesota children who are living away from home, regardless of the reason: those who are in the child welfare system because of abuse or neglect or needs that their parents cannot meet, those who are in the corrections system because of delinquency, and those who are homeless because they have left home or been asked to leave.

Combining the best current knowledge about these three groups is not easy. For the most part, record-keeping and research about these children's experiences remain quite separate for each "system" that is in charge of their care. Yet there are many common threads in the life stories of all three groups of children.

One of those common threads is the very high prevalence of abuse and neglect. Maltreatment is not only traumatic at the time, but also damaging in the long term. Abused and neglected children are more likely to become juvenile delinquents and adult criminals, to have trouble in school and at work, to leave home even if they have no safe place to go, and to have long-term emotional, intellectual, and social problems. They are also likely to continue the damaging cycle, if not helped, by abusing or neglecting their own children. The costs to society of child maltreatment have been estimated at \$94 billion per year in the United States.

despite the complexity, it is essential for the wider community to have a voice.

For many years, child welfare and juvenile justice professionals have been concerned that the complexity of these systems makes it nearly impossible for the wider community to have a voice in how things are done. The maze of federal, state, and local regulations is virtually impossible to grasp in a brief overview. Yet it is vitally important that these policies, which dramatically affect the lives of so many children, reflect community values and the views of informed and committed adults.

The purpose of this report is to put in plain language some essential background about the issues that affect the lives of children living away from home. Its ultimate aim is to increase public awareness of the needs and status of these children, and to strengthen the public resolve to help every Minnesota child become a successful, productive adult.

Please use this report to become aware of the issues, learn more about current trends, and enter vigorously into the dialogue about how we can best improve the chances of the nearly 30,000 children in Minnesota each year who end up living somewhere other than their own home.

How many children do not live with their families?

It is a troubling fact that we keep better records about our vehicles than about our children. In fact, Minnesota’s commissioners of Human Services and Corrections have reported that they cannot provide the legally-required reporting on children in their custody – which types of placement they are in, and how they are doing. Currently, Minnesota has three separate sources of information about children who do not live at home. These are maintained by different agencies that keep records in different ways, and cannot tell which children are counted more than once.

The Social Services Information System, maintained by the Minnesota Department of Human Services, has the most thorough information. It covers children who have been removed from home for their own protection, primarily because of neglect or abuse. The most recent information available (2001) shows that 15,719 children stayed in a foster home, a residential treatment facility, some type of group setting, or a pre-adoptive home in that year.

A second source is the record system maintained by the Minnesota Department of Corrections. These records, however, do not tell us how many of the more than 25,000 placements of delinquent children in the corrections system in 2001 are for children who also received child protection services and thus were also counted in that information system. Best estimates suggest that about 8,300 delinquent children were in placements away from home in 2001, and were not also counted in the child welfare system.

Finally, there is the challenge of counting homeless youth. Wilder Research Center’s most recent study of Minnesota homelessness estimates that on any given night, 600 to 700 homeless youth age 11 to 17 are in shelters, on the streets, outdoors, or staying with friends. In the course of a year this accounts for an estimated 5,200 children who are homeless and not likely counted in any other record system. (There are many hundreds of other children who are homeless with their parents, and who are not included in this report. “Homeless children,” in this document, includes only those who are on their own and away from their families.)

In all, we estimate that nearly 30,000 Minnesota children spent at least one night not living at home in 2001.

Number of children (age 17 and under) living away from home at some point in 2001

	Number of children	Information source
In social services placement (primarily for child protection)	15,719 (actual number)	MN Department of Human Services
In corrections placement (minus the estimated number of children also in social services records)	8,300 (estimate)	MN Department of Corrections
Unaccompanied homeless youth (not with their families)	5,200 (estimate)	Wilder Research Center (2000)
Total	29,219 (estimate)	

Note: See the full research report at www.wilder.org/research for details on these estimates and calculations.

What do we know

about these children?

Here are some facts about demographics and other characteristics of Minnesota children and youth living away from home.

Race

While 84 percent of Minnesota children are White, only about half of the children in out-of-home placements are White. About 25 percent are African American, 20 percent are American Indian, 5 percent are Latino/Chicano, and 10 percent are multiracial or of unknown race. A disproportionate number of children of color are found in all three groups we are concerned with: the child welfare system, the juvenile justice system, and homeless youth.

Race and ethnicity of Minnesota children living away from home

	Percentage of children in social service placements (2001, full year)	Percentage of children in state corrections facilities (1999, full year)	Percentage of homeless youth (2000, one night)	Percentage of all Minnesota children (Census 2000)
White/Caucasian	57%	45%	46%	84%
Black/African American	20%	28%	25%	5%
American Indian or Alaskan Native	12%	18%	20%	2%
Asian or Pacific Islander	2%	NA	<1%	4%
Chicano/Latino	6%*	6%	5%*	4%*
Other	0%	2%	2%	2%
Two or more races	8%	NA	6%	3%
Unknown/missing data	2%	NA	<1%	

*Note: Where starred, Chicano/Latino children are counted twice - under "Chicano/Latino" and also by their race.

Age

Most children living apart from their parents are teenagers. About 60 percent of children in social services placements are age 12 to 17. Eighty percent of children in corrections placements are 14 or older. Around ninety percent of homeless youth are 14 or older.

One-fourth of the child maltreatment victims in Minnesota are age 3 or younger (including those who remain at home as well as those who are removed from home). Another one-fourth are 4 to 7 years old, another one-fourth are age 8 to 11, and the final one-fourth are age 12 to 17. This is similar to national averages.

of children
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far the most
common reason.

Gender

Approximately the same number of boys and girls experience child welfare placements and homelessness. Boys make up 75 percent of juvenile corrections placements.

Reasons for entering placement

In Minnesota, the Social Services data system requires county social workers to record one or more of the categories shown below as the reason(s) for placement. This set of data on placements does not include many homeless children, and includes some but not all of those placed for delinquency reasons. These partial data show that, of children who were in placement during 2001:

- 47 percent were placed for **parent reasons** (in order of frequency: neglect; parental illness, disability, or inability to cope; parent substance abuse; physical or sexual abuse; death or abandonment by a parent; inadequate housing; incarceration; or relinquishment of parental rights). **Abuse and neglect** are the categories commonly referred to as “child maltreatment.” Children placed for these reasons were fewer than half of children placed for all parent reasons. Of children placed for parent reasons, neglect was by far the most common reason for placement.
- 38 percent were placed for **child reasons** (child’s behavior, including delinquency and status offenses; or child substance abuse)
- 2 percent were placed for reasons of **child disability**
- 13 percent were placed for more than one of the above reasons

Length of time away from home

Most out-of-home placements last considerably less than a year. For child welfare placements, 48 percent of the children placed in 2001 were in care for less than six months and 23 percent spent 30 days or less away from home. The average stay was 240 days. About one-third were in care for over a year. For juvenile delinquents, the average length of stay in 2001 was 24 days, combining all types of correctional facilities.

Number of repeat stays away from home

Looking at repeated placements within the same year, 87 percent of the children removed from home for their protection in 2001 were placed only once during the year. It is unknown how many children had multiple corrections placements in 2001. About two-thirds of homeless youth report they have had at least one out-of-home placement prior to their current episode of homelessness, and an estimated 45 percent had been homeless at least once before, although we do not know how many of these previous experiences occurred in the same year.

Where children go after placement ends

Looking at a single year in Minnesota (2001), the best information we have (which includes child protection placements and some, but not all, corrections placements) shows that:

- 73% of children leaving placement that year were reunited with their parents.
- 7% went to live with other relatives.
- 5% were adopted and 1% were in permanent guardianship (typically with a relative).
- 5% “aged out” (reached age 18 or were legally emancipated) and so were on their own.
- 5% ran away and had no other placement.
- 5% were transferred to another agency for continued out-of-home placement.

In the 2000 Wilder Research Center homelessness study, 45 percent of homeless youth who had previously lived in an emergency shelter said they had no stable place to live after they left.

Comparing Minnesota and U.S. child welfare indicators, 2001

	Minnesota	U.S.
Reports alleging child maltreatment, per 1,000 children	21.6	36.6
Percent of reports that are received from mandated reporters (professionals such as teachers, child care workers, doctors)	75%	57%
Number of child maltreatment victims (substantiated) per 1,000 children	7.6	12.4
Child maltreatment fatalities, per 100,000 children	1.23	1.81
Number of children assigned to each investigation/assessment worker	93	126
Maltreatment victims with a new incidence of maltreatment within 6 months	5.3%	8.9%

Source: U.S. Department of Health and Human Services

What life circumstances lead toward time away from home?

Although the immediate causes of children's living away from their homes are different for the three groups of children discussed in this report (abused and neglected children, delinquents, and homeless children), their overall histories and risk factors overlap to a great extent. Parents' problems with alcohol and drugs, mental illness, and violence are reflected in the lives of many children who are homeless, delinquent, and in child protection placement. Many studies have found that abused and neglected children are significantly more likely than other children to commit delinquent acts, and to start at a younger age. Around two-thirds of homeless children have previously lived in foster care, chemical dependency treatment facilities, correctional facilities, halfway houses, residential treatment centers, orphanages, group homes, or Indian schools.

The table on the following page presents the main risk factors that research has linked to increased chances for out-of-home placement. Note the striking degree to which these factors overlap for the three groups of children we are concerned with.

Positive characteristics and connections of the child, family, and community, sometimes called resilience factors and protective factors, can lessen the risk for all three of these groups as well, although those are not included in this chart.

Also, bear in mind that the presence of these risk factors does not mean a child will end up being removed from home. The vast majority of children in homes with problems of abuse or neglect, or who get in trouble with the law, remain in their own homes. In addition, many children who enter these systems do so only once, briefly, and then return to their families without further involvement with the system.



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Risk factors and predictors common among children who spend time away from their homes (not listed in order of importance)

	Child protection	Juvenile corrections	Homelessness
Individual child			
• Personality and temperament	■	■	■
• Mental health problems	■	■	■
• Disabilities	■	■	
• Early separation from mother	■		
• Drug use		■	■
• Poor school achievement		■	■
• Spending time with deviant peers		■	■
Parents			
• Difficulties with parent-child relationships (such as poor attachment or conflicts)	■	■	■
• Inconsistent parenting / lack of monitoring	■	■	
• Frequent use of severe physical punishment	■	■	■
• Domestic conflict / violence	■	■	
• Parent's substance abuse	■		■
• Low parental involvement and warmth	■	■	■
• Mother under age 20 at birth of first child	■		■
• Parents' social isolation or lack of informal social support	■	■	
• Low education and /or IQ	■		■
Neighborhood / Community			
• Little social support, lack of connection with community	■	■	
• Substandard or temporary housing	■		■
• Low community organization, neighborhood attachment, and participation among residents		■	

Troubles seldom come alone

Rarely does a single event or problem lead to a child being placed outside the home for the child's own protection or the protection of the community. Problems in the home that increase the likelihood of placement include: mental health problems or chemical dependency of either the parent or the child, serious child behavior issues, child abuse, child neglect, domestic violence, or problems related to poverty and homelessness. Because these problems so commonly occur in combination, addressing only one (such as parenting skills or the child's behavior) often cannot improve the situation enough to prevent the need for placement.

Domestic violence. In about half of the families in which a child is being abused, the child's mother is also being assaulted, according to a review of two decades' worth of research. Because the violence level is higher in these homes, the child tends to have a higher risk of harm and thus a higher risk of placement.

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Parents' substance abuse. The relationship between parents' alcohol or drug abuse and child maltreatment is becoming increasingly evident. According to a national study, 11 percent of children in the United States live with at least one parent who is either alcoholic or using drugs. These children are distributed relatively evenly across the childhood age span, although younger children more often come into contact with the child welfare system. In Minnesota, parents' alcohol abuse was named as a factor in 19 percent of maltreatment determinations; drug abuse was cited in 16 percent of maltreatment determinations (including some of the same cases). These rates were even higher (about 20 percent) in cases of neglect. In addition, 30 percent of homeless youth in the Wilder

Research Center study reported their parents' substance abuse was one of the reasons they were homeless. Children in this environment often have behavior problems and "act out," making it more likely for them to spend time in the juvenile corrections system.

Prenatal exposure to alcohol and drugs. Pregnant women who use alcohol or drugs may bear children with fetal alcohol syndrome, fetal alcohol effects, or other disorders. Although these children are only a small fraction of the children affected and potentially endangered by their parents' substance abuse, nationally it has been found that about 10 to 20 percent of children who experienced prenatal exposure to drugs and alcohol enter foster care shortly after birth, and about one-third do so by the time they are 3 years old.

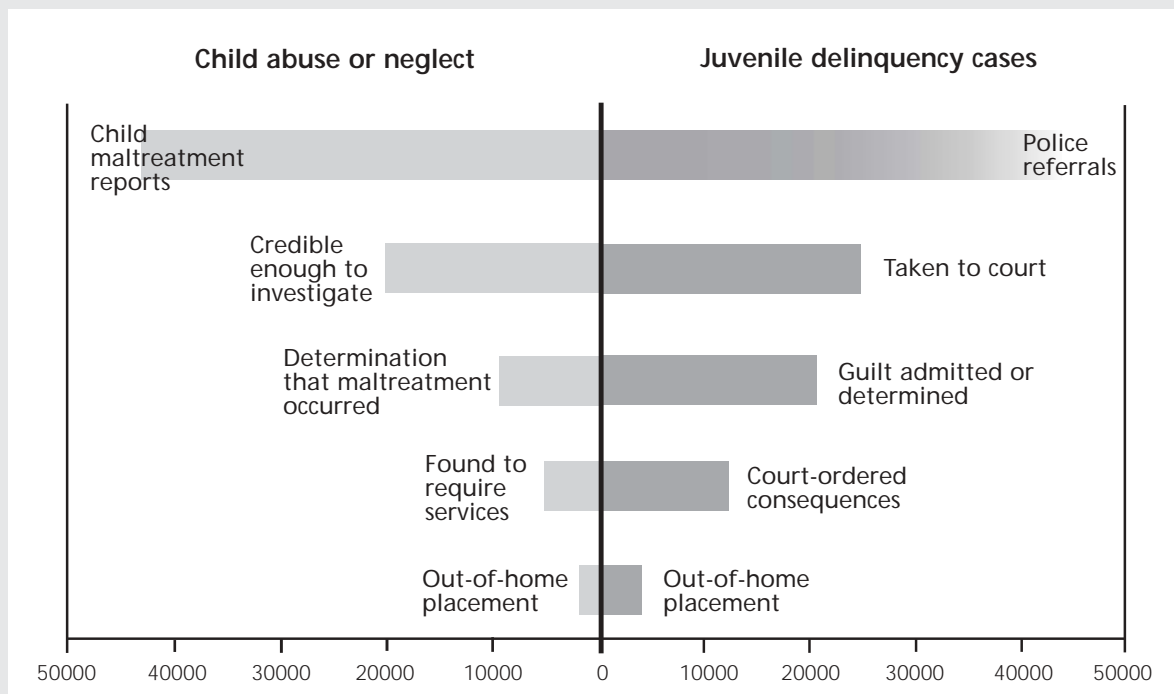
Children's substance abuse. Children with their own substance abuse problems are also more likely to be involved with the child protection or juvenile justice systems, or to be homeless, compared to children who do not use drugs or alcohol. A national study found strong links between persistent delinquency and persistent drug use – especially for boys, but also for girls. In Minnesota, homeless youth are about five times more likely than other youth to have been treated for drug or alcohol problems.

Children's severe emotional problems. Children with mental health problems are over-represented in the child welfare and juvenile justice systems, and they are more likely to be homeless. In 2001, 5,566 children in Minnesota were placed in residential treatment centers for children with severe emotional disturbances. In a national study, one-third to one-half of boys who had serious mental health problems were also serious, persistent delinquents. In Minnesota, one indicator of mental health problems among homeless children is that they are twice as likely as other Minnesota children to have attempted suicide.

The “filter” that leads to out-of-home placement

The vast majority of children who come into contact with the child welfare or juvenile justice system do not end up being removed from their homes. The process that leads to a placement outside of the home is complex and involves decisions made by families and children, county social workers, corrections workers, and courts. To illustrate this, consider the chart below. Each line shows the smaller numbers of children at each stage in the decision-making process.

Only a small percentage of children in the child protection and juvenile justice systems actually end up in out-of-home placement



Note: For details and a description of each stage represented here, please see the full research report at www.wilder.org/research.

How are decisions made

about placing children away from their families?

In Minnesota, child welfare and juvenile justice are essentially local functions, with the main responsibility falling to county governments. Minnesota requires counties to fund a larger share of child protection costs than all but two other states in the nation. However, in carrying out this responsibility, counties must follow policies established by the state and federal government.

Laws governing child protection

The federal government has been involved in efforts to improve child welfare since the early 1900s, but most legislation dealing with government responses to child abuse and neglect began in the mid-1970s. As of 2000, about 30 different federal programs had a role in this, administered by four different federal agencies. The main emphasis of policy since around 1980 has been to ensure that:

- All reports of abuse and neglect are screened and reviewed.
- Both the well-being of children and the rights of parents are protected, but the paramount concern is the child's safety and well-being.
- “Reasonable efforts” are made to avoid removing a child from the home, but if removal is necessary for the child's safety, then adequate foster care for the child and adequate help for the parents are provided, with the goal of reunifying the family as quickly as possible.
- When children must be placed out of the home, they should be placed with relatives or close family friends, and with strangers only if that is not possible. Siblings must be kept together if possible, and placement settings should be as home-like and as close to the child's home community as possible.

The largest federal programs related to child protection are contained in the Social Security Act, which sets policies and provides partial funding to carry out the policies. This part of the law deals with “protection of abused and neglected children, support and preservation of families, care of the homeless and neglected, support for family development, and provision for out-of-home care, including [foster care and] adoption.”

In 1997, Congress enacted the Adoption and Safe Families Act, emphasizing children's health and safety in placement and reunification decisions. The Act also encourages states to speed up the process of putting children in permanent placements, especially through adoption. This law and subsequent Minnesota state law permit “concurrent permanency planning,” in which children at risk of long stays in foster care have two plans made for them simultaneously: one for helping their parents



both children
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child.

prepare to receive them back at home, and one for a permanent alternative in case reunification is not possible. In Minnesota, this involves identifying “resource parents” who will care for the child and work with the child’s parents to prepare for a safe return, while also agreeing to become permanent caregivers for the child in case that is needed.

to repair prior harm, different rules apply to American Indian children.

Other important federal policy is contained in the Indian Child Welfare Act (1978). This Act was intended to help repair the harm done by prior government policy that emphasized removing Indian children from their parents’ care and discouraging the transmission of Indian culture, including traditional child-rearing practices. The 1978 law sets standards that must be met before Indian children may be removed from their homes; guarantees that tribes will be notified and involved in placement decisions; establishes a list of preferred placements with extended family, tribal members, and other Indian persons; and requires local agencies to make “active efforts” (more than the “reasonable efforts” required for other children) to prevent placement and to reunify children with their families after placement.

Laws governing juvenile corrections

Important principles in federal and state law on juvenile corrections are:

- Penalties for juvenile delinquents should recognize the unique characteristics and needs of each child, and provide opportunities for personal and social growth.
- Children should be held in the least restrictive setting that preserves their own safety and that of the community.
- If children must be held in detention, they must be away from sight and sound of adult inmates.
- States must work on reducing the disproportionate numbers of minority youth in all phases of the juvenile justice system, from arrest through correctional placement.

“Due process” protections for children and parents

In both child protection and juvenile corrections cases, law spells out important protections for fairness and due process for the children and (in child protection cases) for their parents. When children are removed from the home for any reasons (including detention on suspicion of having committed an illegal act), “due process” includes:

- Parents must be told where the child is (unless it is not safe to do so), and the need for placement must be justified to a judge within three days (36 hours for detentions of delinquent children).
- If the child is an American Indian (enrolled in a tribe or eligible to be enrolled) and the removal is for child protection reasons, the child’s tribe must be notified immediately and given an opportunity to become involved.

- A child's placement must be individually chosen based on the child's unique circumstances. A case plan must spell out what the parents must do (in child protection cases) and/or the child must do (in juvenile corrections cases) in order for the child to return home, and what services the county will offer to help. In child protection cases, the placement, and the parents' and county's efforts, must be reviewed by the court at least every 6 months until the plan is fulfilled, the child is returned home, and the county's supervision ends.
- In child protection cases, if a child has been in an out-of-home placement for 12 months (6 months for a child under age 8), the county must hold a hearing to review the parents' progress. Parental rights may be terminated if the judge finds that they are not cooperating with their case plan or that there is no reasonable likelihood that they will be able to provide a safe home for the child.

When children are removed from the home, the burden rests with the juvenile court to oversee the fairness and timeliness of decisions made to provide services, return the child home, or terminate parental rights. These court reviews require considerable resources. A juvenile delinquency trial may involve a pre-trial hearing, a trial, and a dispositional (sentencing) hearing. A child protection case in which a child has been removed from the home also includes periodic review hearings, and therefore may use considerably more court resources. Furthermore, each such review includes not only the judge and the child and parent, but also the county attorney, often a public defender, a guardian ad litem to represent the best interests of the child, a representative of the child's tribe if the child is an Indian, and a representative of the county social service agency responsible for overseeing the placement.

Laws governing homeless and runaway youth

Laws about services for homeless and runaway youth are less systematic than those for maltreatment victims and delinquents, and more decisions are left to state and local government. In general principle, policy says that children who are homeless should be:

- Provided with shelter and services to keep them safe from harm and exploitation.
- Helped to reunify with their families if possible.

Room for local discretion

In practice, key decisions are based on these overarching principles and also on local circumstances. Thus, while all reports of child maltreatment must be addressed, each county determines which are credible enough to conduct a full investigation, and what standards are used to determine whether maltreatment actually did occur. Recently in Minnesota there have been attempts to make these standards more consistent by use of a common set of Structured Decision Making tools.

Counties also have discretion concerning whether to provide services to families that have been subject of maltreatment reports. Some families may be offered services even though maltreatment was not substantiated, if there are ongoing risks to the children. Counties may also decide not to offer services to families in which the risk factors have been resolved.

Factors that affect how laws are implemented

The complexity of the laws themselves, the number of different individuals and organizations involved in each case, and the individual circumstances of each family, all result in variations in practices. Other factors that often shape placement decisions include:

- Families' and professionals' varying levels of knowledge about the law and about resources available to implement it
- Public and professionals' attitudes and beliefs, which may not always agree with the principles established in law, and which may include cultural bias
- Relationships among individuals and organizations in the counties, courts, and service-providing agencies
- The availability of funding to pay for services

in Minnesota,
counties pay
more of the bill for
child protection.

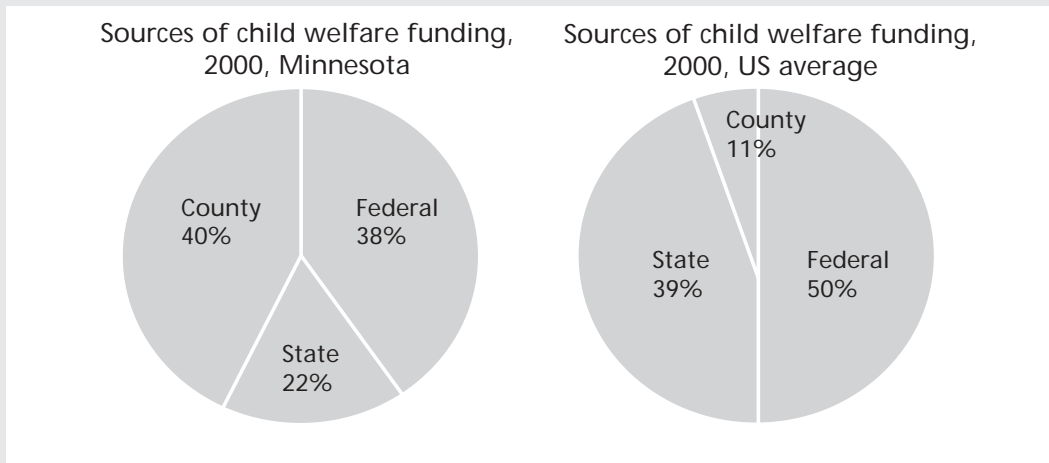
Who pays for child welfare services

Minnesota figures are not available on how child welfare spending is divided between out-of-home placement, family support and placement prevention, and adoption. However, across the U.S. on average, of total child welfare spending in 2000, about 45 percent was spent for out-of-home placements, 10 percent for adoptions, 9 percent for administrative costs (including training of case workers and foster parents, and social workers' time for case management, record-keeping, and the like). Fifteen percent was spent on "other" expenditures, including in-home services intended to prevent the need for placement. (The remaining 22 percent of expenditures could not be categorized uniformly by states because of different accounting methods used to track spending.)

In Minnesota, counties are responsible for a much larger share of child protection funding than in most other states. On average, states report that in 2000 they obtained 49 percent of funding for child welfare from federal sources, 40 percent from state funds, and only 11 percent from counties. In 18 states, the counties paid none of the costs. By contrast, in Minnesota that year, of the approximately \$500 million spent for child welfare costs, 38 percent came from federal sources, 22 percent from state funds, and 39 percent from counties (mainly from local property taxes). In only two states did counties pay a higher share.

While this responsibility is heavy for all Minnesota counties, data collected by the state of Minnesota show that the seven Twin Cities metropolitan counties pay a higher share of child welfare costs themselves, and receive less federal and state support, compared to the 80 greater Minnesota counties.

In Minnesota, counties pay a higher share of child welfare costs



Source: Urban Institute

Minnesota's reliance on counties for such a high share of funding is cause for concern for several reasons. Unlike higher levels of government, counties have only one main funding source (property taxes) and the least flexibility during recessions in how funds may be raised or spending adjusted. Further, counties with lower property values and therefore lower tax receipts are likely to be the same counties that have higher social needs, including child protection, delinquency, and homelessness.

Minnesota counties report that a wide range of child protection services are underfunded, according to a 2002 Minnesota Department of Human Services report to the legislature. Services most often mentioned as underfunded included assessments and case findings, appeals, court orders for additional services and investigations, adoptions, searches for relatives, early intervention with families and children, supervised visits, concurrent permanency planning, respite care, truancy prevention and intervention, and emergency shelter placements. By far the greatest concern of counties was the increasing cost of out-of-home placements, including corrections-related care and transitional help for youth over 18 who are "aging out" of the system.

Where do children in out-of-home placements live?

Professionals in the field of out-of-home placement for children think of a continuum from least restrictive to most restrictive settings. For example, children who stay with a grandparent for a month or two while a family works on its problems are in the least restrictive setting. On the other hand, some children in Minnesota who have committed violent acts are placed in secure prisons. Between those extremes are a wide range of other settings:

Kinship care: A child is placed with a relative or sometimes a family friend while the family works on a plan to enable the child to return home. To receive reimbursement, these relatives must meet the same licensing requirements as any other foster parent. In 2001 approximately 2,500 children were in this type of setting as a result of a court order. An unknown number more were with relatives or friends informally, with or without the counties' knowledge.

Non-relative foster care: These foster care families must meet certain standards in order to be licensed by the counties. For children in the child welfare system, this is the most common type of placement. In 2001, about 8,000 children in Minnesota were in non-relative foster care.

Pre-adoptive home: Parental rights have been terminated, and the child is living with a family where permanent guardianship or adoption is expected. The adoptive family may or may not be related to the child. In 2001, 979 Minnesota children were in pre-adoptive homes.

Therapeutic/treatment foster care: Treatment foster care is used with children who need counseling or behavior modification, but can still live in a family environment. The foster parents are specially trained to maintain a therapeutic environment. In Minnesota, treatment foster care is licensed under the same rules as regular foster care. Children in these homes are included in the count of children in family foster care, above.

Group home: Group homes are typically for older children or those with emotional or behavioral problems that require more structured settings than family foster homes. In general, group homes have a 24-hour-awake staff in 8-hour shifts. In 2001, about 2,800 Minnesota children were in group homes.

Residential treatment: These settings provide intensive therapy or treatment in highly structured settings with 24-hour-awake staff. They typically serve children with severe emotional and behavioral problems. In 2001 about 5,500 Minnesota children were placed in residential treatment programs.

Chemical dependency treatment: These inpatient programs focus on children's alcohol or drug use and may include services for mental health, emotional, or behavioral problems as well. In 2001, over 1,100 Minnesota children had alcohol or drug use as a reason for entering out-of-home care.

Emergency shelters and transitional/independent living facilities: These are the primary form of housing for homeless youth who are not staying with friends or on the streets. Ideally youth move from an emergency shelter to some type of transitional or independent living facility if available and if return to their families is unlikely. The independent living facility works with youth to develop basic living skills and prepare them for living on their own.

Other facilities: Small numbers of children are placed in residential educational academies and in hospitals. Many of these types of placement are voluntary and privately paid. Information on the number of children in these types of placements is not available through any statewide data system.

Correctional facilities: These facilities focus programming (where available) on reducing the likelihood of future delinquency. They vary widely in how restrictive they are, how long children stay there, and the types of services they provide. In 2001, about 8,300 Minnesota children were in some type of correctional facility.

Usage, cost and capacity of different types of placements

Type of placement	Number of children in 2001	Average cost per day	Number of licensed beds in Minnesota
Kinship foster care (formal/paid)	2,562	\$38	13,375 in 5,141 homes (2003)
Non-relative foster care	8,038		
Group home	2,864	\$126	747
Residential treatment for severe emotional disturbance	5,566 *	\$180	947
Chemical dependency inpatient treatment	estimated 700 or more	\$133	684
Emergency homeless shelters	unknown	\$93	139 (additional beds are reserved for official referrals)
Transitional/independent living	51	\$65	188
Detention and other residential correctional facilities	8,300 (estimate) (average daily population is 1,800)	\$140	1,973 (in 2003)

Notes: Some children have more than one type of placement during the year, so the total in this chart adds up to more than the total number of children placed. For more details on these estimates and calculations, see the full research report at www.wilder.org/research

* Includes some children with emergency shelter stays only.

What do we know

about effective ways to help children without removing them from home?

When a family is struggling with issues like poverty, chemical dependency, domestic violence, poor anger management, weak parenting skills, developmental disabilities, and/or child behavior problems, it is often less costly and disruptive to provide services to the entire family in a community-based setting instead of removing children from their homes, especially if they are not at risk of severe harm if they remain with their parents. Government policy supports this approach. Before out-of-home placements are proposed, state and federal laws require efforts to keep the family intact if those efforts can make it safe for children to stay at home. According to our interviews with Minnesota child welfare professionals, higher placement rates occur where community-based service networks are weak or underdeveloped.

By Minnesota law, the court must review each recommendation for an out-of-home placement to determine if less drastic options are available. In addition, placement prevention and family reunification services for minority families “must reflect and support family models that are accepted within the culture of the particular minority.” Many family preservation services are available in Minnesota. These include crisis services, counseling services, life management skills services, mental health services, and early intervention services.

General approaches for a variety of family problems

Two models are increasingly being used in a wide variety of circumstances when families are in need of support. The **wraparound approach** focuses on coordinating mental health, education, welfare, and other social services to address the needs of children and families while they remain in their communities. Wraparound programs also often help families make better use of their own support networks (such as church, friends, and family). **Family group conferencing** (or family group decision making) gathers family members, close friends, child welfare (or juvenile justice) and mental health professionals, and others closely involved in children’s lives. At the conference, they discuss families’ strengths, concerns, and resources and develop a plan to resolve the most pressing problems.

the emphasis is on respecting, involving, and supporting the family.

In both of these approaches, the emphasis is on a decision-making process that respects, involves, and supports the family, and helps identify and deliver services in a holistic way based on the specific needs of the family.

Most evaluations of wraparound care are based on programs serving children with mental health problems. Children served in this way are more likely to transition to less restrictive, more stable living arrangements compared to children who receive the usual approach. Their behavior and emotional health also improve more. The wraparound approach may be hard to sustain because of the difficulty of maintaining interagency collaboration and providing flexible services when the funds for providing them are inflexible.

Services related to abuse and neglect

Alternative Response is a different way for authorities to respond to reports of child maltreatment. Compared to traditional child protection investigations that focus on events leading up to the maltreatment report, Alternative Response is a less confrontational, more flexible approach that seeks to understand families' circumstances and connect them with community-based services. After earlier pilot-testing, Alternative Response is now being used in 63 of Minnesota's 87 counties. Alternative Response workers offer both practical and therapeutic assistance to meet families' needs, including helping with a security deposit or car repair or addressing mental health problems of parents who experienced abuse as a child. It may be used when the reported maltreatment is not life-threatening and does not include "egregious harm" or sexual abuse.

The evaluation of Minnesota's current implementation is still in its early stages and not conclusive, but preliminary results are consistent with positive outcomes seen previously in Minnesota pilot programs and implementations elsewhere. At least some of the favorable results may be due to the program's dedicated funding and caseload of families with lower average risk levels. Still, evidence also points to more positive outcomes from Alternative Response even for more serious risk groups, when compared with similar families served through the traditional approach. For example:

- Some families received help who otherwise would not have in the traditional response
- The services families received were more likely to address their basic needs (such as housing, training, and employment)
- Families reported being more involved in making decisions about their cases
- Case workers reported more cooperation from families
- Children were no more or less safe than in traditional response cases, but their risk assessments showed less likelihood that they would return to the system within three years.

Family preservation programs are typically court-ordered for families where children are in need of protective services, and are intended to build skills and enhance support systems. Evaluations have shown no effect to moderate effects in preventing out-of-home placements, but have consistently found improvements in measures of parent-child interactions, available support, living conditions, and parenting skills.

Family preservation programs appear to be more effective for families with adolescents compared to families with young children, and more in physical abuse cases compared to cases of neglect. However, one of the most commonly used models, the Homebuilders program, has shown success for families with young children without serious problems, and in families with parental mental illness but no prior child maltreatment. This is an intensive but brief program (at least 8 to 10 hours per week of face-to-face contact between caseworker and family, for 90 days or less), which includes both clinical services, such as family therapy, and "concrete services," or help with everyday necessities such as emergency financial assistance, transportation, or housing assistance. The more time spent providing concrete services, the lower the risk of out-of-home placement.

Psychological and therapeutic interventions

Studies of child- and parent-focused treatments show a range of improvements in child development and parenting behavior, depending on the specific type of treatment provided.

Research has found that the critical components of effective **mental health treatment for sexually abused children** include psychoeducation (teaching the child and/or caregiver about the specific mental health condition they are experiencing), direct discussion of the traumatic event, stress management training, correcting cognitive disorders, and behavior management training for parents.

Effective **mental health treatment for physically abused children** includes specific discussion of the child's perceptions; psychoeducation (teaching about their specific mental health condition); training the child in self-expression, self-control, and other pro-social skills; training parents in self-control and parenting; and family therapy that directly addresses the specific abuse that has occurred.

If children have experienced abuse, studies show that they are more likely to receive therapy related to the experience if they are in out-of-home placement than if they remain in their homes. This may reflect either the shortage of children's mental health care in most communities, or simply that those with more trauma and need for treatment are more likely to be placed in more intensive, therapeutic settings.

General principles

The following "best practices" have emerged through extensive research and practical experience. They reflect the prevailing wisdom that currently guides many different types of programs and services:

Community participation in determining how to assist troubled children and families.

Strong family involvement in making decisions and plans.

A "continuum of care" that provides different options for different circumstances.

A unified system of care that coordinates different services for children and families.

Early intervention and prevention to reduce the risk of maltreatment and delinquency.

Culturally competent services in harmony with the family's beliefs and traditions.

Small caseloads that allow for intensive and personalized support.

Supportive approaches that emphasize families' strengths, not just their problems.

Help meeting basic needs like food and housing when the lack of these makes it hard for parents to care safely for children.

Permanency and stability for the child as an overriding priority.

Aftercare and transitional help when families reunite.

Family-like settings as the best placement option for most children, unless their treatment requires more structure.


Services for children’s behavior problems and delinquency

One general model for working with young offenders, instead of sending them away to a residential program, is **restorative justice**, which focuses on repairing the harm done by the offender to relationships in the community. In this model, crime is viewed as a violation of the victim and the community, not a violation of the state. As a result, the offender becomes accountable to the victim and the community, not the state. Elements of restorative justice include face-to-face meetings between victims and offenders and people who are important to both, in which offenders hear about the harm they have caused and agree to specific plans for repairing that harm. Restorative approaches typically also include restitution and/or community service and skill-building classes for offenders.

There are a variety of specific models for restorative practices, including family group decision-making, peacemaking circles, teen courts, and circle sentencing. Evaluations of restorative justice programs have found that they provide speedier resolution than court processes, that many victims experience reductions in fear, that families of offenders are more frequently and more actively involved compared to families in the traditional court process, and that offenders have high rates of compliance with the agreements reached during conferences. The process has also been found to build community skills in conflict resolution and participatory decision-making.

Diversion is another general approach for keeping delinquent children out of juvenile courts and in their homes. It is generally agreed that this is a desirable goal for young and first-time offenders, because children who grow accustomed to the police and court environments are less likely to be deterred from future offenses by the fear of returning to them. Diversion may happen at any of several levels. It may involve a police officer’s decision to warn a truant or curfew-breaker instead of placing him or her in detention; it may involve a county attorney deciding to send a fire-setter to classes on fire safety instead of filing a delinquency petition in court; or it may involve a judge issuing a disposition (sentence) but ordering that it not be recorded in court files if the youth successfully completes anger management classes, treatment, or community service.

There is strong evidence that services that keep youth out of the courts help to reduce re-offending. However, when less drastic interventions are available, it is often tempting to use them with even less serious offenders whose offenses would otherwise have been handled entirely informally. This “widening of the net” does not reduce re-offending, and may increase it. Diversion must be carefully planned and implemented to avoid this unintended result.



in restorative justice,
the offender is accountable
to the victim and the community.

Services for children's chemical dependency problems

Four major types of chemical dependency treatment services are licensed in Minnesota:

- Outpatient services
- Short-term inpatient programs
- Extended care programs
- Halfway houses

Available evaluation results do not compare these settings to each other, but do indicate key features of successful treatment programs.

Success is typically measured by abstinence following treatment. Completion of the full program is the most consistent predictor of abstinence, but adolescents have more difficulty maintaining abstinence after treatment than adults (only 21% of adolescents were abstinent six months after treatment compared to 54% of adults in a recent Minnesota study). Adolescent girls are more likely to complete treatment, and remain abstinent, than boys. People of color have better success in a culturally-specific program than in a program for the general population. Adolescents have a higher abstinence rate if treated in a program just for adolescents rather than in a program for all ages. Regular, sustained participation in recovery maintenance activities is associated with higher rates of abstinence for both adults and adolescents.

According to national research, parents' involvement in chemical dependency treatment for adolescents is linked with better outcomes. Family interventions were more effective than individual interventions in reducing adolescent drug use. A new substance abuse treatment model known as CRAFT (Community Reinforcement Approach and Family Training) helps get drug-using children into treatment by training the parents to change the child's environment to reinforce abstinence. In one study of this approach, 74 percent of drug users who were initially unmotivated for treatment were engaged after their family members received help from CRAFT therapists. By comparison, the study found that 30 percent of unmotivated drug users were engaged through another family intervention program and 13 percent were engaged through Al-Anon.

parents'
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in their child's
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better results.

What do we know

about effective settings and services for children out of their homes?

When children are removed from their homes by social services, police, or the courts, the placement is selected individually for each child to best meet his or her need for medical and psychological care and supervision. It is also important to minimize trauma to the child by using the least restrictive setting possible while still ensuring the safety of the child, family, and community.

Family-type settings

Kinship care (care by relatives or family friends), family foster care, and treatment foster care are all provided by 24-hour foster parents in a family home setting. They are governed by the same licensing standards and process, although treatment foster parents receive extra training and support to care for children with more serious needs.

Kinship care

By law, the first choice for placement is in **kinship foster care** with relatives or close family friends. In Minnesota (and 14 other states), kinship foster parents are required to go through the same licensing process as non-relative foster parents; they are also reimbursed at the same rate. Studies show that the benefits of kinship care include:

- The child already knows the caregiver, so the placement is less traumatic.
- It encourages more visitation by the child's birth parents.
- It reduces the number of placement changes or moves.
- It improves the family reunification rate.
- Children are usually happier with their caregiver than children in other settings.

Kinship care is not always an option because there might not be relatives who are willing or appropriate to care for the child, or the child may have problems that require treatment or supervision that their relatives are not able to provide.

Recent national studies show that kinship foster parents are, on average, older, lower-income, and more likely to be single parents, compared to non-relative foster parents. The children in kinship care more often live in families experiencing financial hardship, crowding, or trouble paying housing costs compared to children living in non-relative foster care.

Sometimes children are placed informally with relatives (without the formal foster care designation and licensing), in which case the relative providing the care may receive little or no reimbursement for the costs of care. They are also much less likely to receive other services and supports provided through the

child welfare system. There is little information on how often such informal placements are made. Research in other states suggests it may occur more when substitute care is needed because a parent has entered inpatient treatment or jail; when case decisions were made through family group conferencing; or if the child needing care is an older teen in a family where the problem is conflict or parental lack of capacity, rather than abuse.

young children
in placement
are usually in foster care.

Family foster care

When no relative is available to care for a child, the next-most desirable alternative is with foster parents who are typically unknown to the child. If possible, the county attempts to place the child where he or she can continue to attend the same school and maintain other important relationships. Effective family foster care programs include:

- Intensive, focused, and goal-oriented case planning that involves the child, birth family, and extended family members as appropriate
- Systematic decision-making and use of time limits
- Giving the child a sense of his or her future and a role in the decision-making (if old enough)
- Social workers and foster parents who can balance flexibility with firmness, and who have a sense of humor
- Determined effort by experienced and trained social workers with reasonable caseloads
- Visits with parents and siblings
- Child placement agencies with a wide variety of service options
- For older children, early development of a self-sufficiency plan, including identification of needed attitudes, skills, and behaviors

Children under age 5 are twice as likely as older children to be placed in foster care. One study found that family reunification was lower for African American children compared to White children.

Treatment foster care

Therapeutic or treatment foster care is a family-based alternative to group care for some children with significant behavioral, emotional, or mental health problems. Treatment foster care parents are given specialized training to use behavior modification and other therapeutic techniques that allow them to care for children who would otherwise typically be placed in a more restrictive institutional setting. Treatment foster care improves children's social adjustment in most cases, as indicated by the fact that 60 to 89 percent of children placed in treatment foster care are discharged to less restrictive settings. In addition, research shows that children placed in treatment foster care have fewer conduct problems and reduced criminality when their placement ends.

Group and treatment settings

These institutional settings include residential educational academies, group homes, and residential treatment centers. Unlike in treatment or family foster care homes, where house parents are permanent, 24-hour heads of family for a small number of children, these settings typically have groups of staff who rotate through on 8-hour shifts, caring for larger groups of children with similar problems. They are planned around more structured educational and therapeutic programs.

Children in residential care are more likely to experience multiple placements compared to children in foster care, but both groups of children remain in care the same amount of time, on average.

Two **residential educational academies** in Minnesota serve adolescents who are willing and whose parents have voluntarily placed them. They are designed for children who are at risk of school failure or who are having behavior problems. Both of these schools have struggled to maintain adequate enrollment. No research on effectiveness was found for these or comparable institutions in other states.

in most group settings,
staff members work
8-hour shifts around the clock.

Group homes (also called **group foster care**) are more restrictive than family or treatment foster care or residential academies, but generally less restrictive than residential treatment centers. Some group homes offer treatment services, but this is not a basic component. Group homes are more often used for adolescents than for younger children, and especially for youth who have chemical dependency, emotional or mental health problems, or other behavioral issues, such as running away. Children in this kind of group care are more likely to receive certain services, such as mental health treatments, compared to children in foster care or kinship care. On the other hand, children report lower satisfaction with their caregivers in group or residential care compared to children who are placed in foster care or kinship care. They also have more difficulty adjusting to the less structured environment of family life when they return home, compared to children who were placed in family foster care. However, bear in mind that children placed in group care also tend to have more severe problems than children who can be placed in family-like settings, which could also affect their satisfaction levels and their adjustment after returning home.

Residential treatment centers are highly restrictive placement options to be used only with children who cannot be placed into a more family-like setting, due to the child's own behavioral, emotional, or developmental problems. The components that can make residential treatment more effective include:

- Family involvement and the participation of a caring adult
- Planning for post-program life and providing post-program support
- Service coordination
- Skills teaching and development of individual treatment plans
- Positive peer influence and self-esteem building
- Enforcement of a strict code of discipline

Residential treatment programs that are specifically intended for juvenile delinquents are more effective at reducing re-offending if they:

- Emphasize behavior, using fair and consistent enforcement.
- Target those at higher risk of re-offending.
- Match the treatment to each offender's style of learning.
- Emphasize healthy, positive attitudes and activities in the actual treatment.
- Address factors associated with criminal behavior in the child's life.
- Refer clients to additional services in the community.

Correctional programs and placements

Some delinquent children are placed by the court in foster care, group homes or residential treatment facilities. Others who need help mainly with behavioral problems and who cannot be helped in family settings may be placed in more structured correctional settings. Three main models are wilderness programs, boot camps, or – if a child poses a threat to his or her own safety or that of the community or others in the program – a more secure facility such as a detention center, jail, or correctional facility.

Wilderness (or adventure) programs for juvenile delinquents are typically court-ordered programs intended for nonviolent offenders who have poor decision-making skills and low social adjustment or other emotional or behavioral problems. These programs are short-term, intense, and physically challenging, with an emphasis on improving self-esteem, decision-making abilities, survival skills, academic skills, cooperation, and social interaction skills. One review of 22 studies found that the repeat offense rate for wilderness program participants was 29 percent, compared to 37 percent for comparison subjects from a mix of no treatment, probation, and residential settings.

In that review of research, the greatest improvements in delinquent behavior occurred in programs involving intense activities or with therapeutic aspects (such as individual counseling, family therapy, or therapeutic group therapy). Wilderness programs work best with adolescents who do not respond well to traditional “talk-oriented” interventions. Younger adolescents benefit slightly more than older adolescents. A program that lasts from three days to five weeks may provide the best outcomes for the cost. Little is known about the impact of wilderness programs on preventing future delinquency.

Boot camps are intensive, highly regimented programs based on military basic training. They are offered with three main models: military discipline style, a rehabilitative approach, and an educational-vocational approach. All are used as an alternative to incarceration and emphasize drill and discipline. A literature review of all three types found that boot camps are more expensive than other interventions for juvenile delinquents and likely ineffective at reducing recidivism.

Correctional facilities are most effective when they include a therapeutic component and family involvement, as well as a realistic and individualized aftercare plan. Longer placements are more effective at reducing recidivism compared to shorter interventions. In fact, the Minnesota Department of Corrections recommends that juvenile delinquency interventions should be at least seven months long. Juvenile delinquents tend to do better in smaller settings versus larger settings. Programs with transitional

and aftercare services are more effective than programs without these components. Effectiveness of aftercare programs is discussed below under “family reunification services.”

Detention and jail are used to punish delinquency and/or to protect the safety of the youth or the community. They do not usually include any treatment or rehabilitative services.

Family reunification services

For the majority of families out-of-home placement is a temporary situation that lasts only until a crisis situation is resolved or a child’s sentence for an offense is served, or while longer-term issues such as mental health and chemical dependency are treated. For these families, and for children who have voluntarily left home, family reunification is more likely to be successful if support services are provided to children and their families while the child is away and throughout the transition back into the home. For all kinds of out-of-home care, critical components of family reunification services include:

- Good relationships between parents and case workers
- Practical training in effective parenting skills
- Services to meet basic family needs, such as transportation, housing, and income assistance
- Continuity between parents and children while children are away
- Consideration of racial and ethnic dimensions
- Attention to the child’s psychosocial functioning
- Involvement of the extended family in the reunification process

Alternative permanency plans

For some children, reunification with their biological parents is not an option, due to their parents’ death, inability to cope, or unwillingness to care for them. Under Minnesota law, permanent placement options for such children include adoption (involving termination of parental rights), or permanent custody by a relative (does not require termination of parental rights). If the court finds that neither of these is in the best interests of the child and that reasonable efforts have failed to locate an adoptive family, a child age 12 or older may be placed into long-term foster care, and a child whose sole reason for placement is his or her own behavior may be placed in further short-term foster care for no more than one year.

In the past, **orphanages** were used as placement options for a wide range of children, including those whose parents were deceased or no longer able to care for them. Some were called “boarding schools” and were used with American Indian children from the 1870s to the 1970s to replace traditional culture and language with American mainstream culture.

children raised in group settings are at a disadvantage intellectually, emotionally, and socially.



A 1996 review of research found that orphanages had “all but disappeared” by 1980, when federal law stipulated that children placed out of the home should be in “the least restrictive (most family-like) setting available.” This review, of older U.S. institutions and current ones elsewhere in the world, found that infants and young children in orphanages are more likely to suffer from various health problems compared to children living in family-like settings. This risk is still seen in young children in other group and institutional settings in the U.S. today. Children living in orphanages are also more likely to suffer from malnutrition, a risk still likely for infants who are not held for feeding by a familiar and consistent caregiver.

Intellectual and social/emotional development were also found to be worse in children who had spent early childhood in a group setting. Normal infant development requires a close relationship with a primary caregiver – a parent or parent-like adult. This type of relationship is difficult to provide in an institutional setting, where staff members change with every shift and high staff turnover is common. Children raised in such settings fared worse than children raised in family-like settings on measures of cognitive, social, and emotional development. The cognitive disadvantage was less serious if the institution had very low staff-to-child ratios (one staff member for three or fewer children) and intensive programs of developmental stimulation, but children who were not placed in adoptive homes by age 4 still remained behind those raised in a family setting.

On a positive note, one study of adult alumni of orphanages reported that these individuals are more successful and happy compared to adults who were raised by their biological or adoptive families. However, this study recruited participants who had kept in contact with the orphanage, and only included alumni who were raised in pre-1960s White-only institutions. The results would probably be less positive with a more representative group of orphanage alumni.

More recently, **adoption** is the preferred permanent option for children who cannot live with their biological parents, because it promotes the stability and developmental benefits of living in a family-like environment. Practices that research has found to improve the chances of successful adoption include:

- Take an open approach to matching children and parents, in which biological and adoptive parents know each other.
- Provide accurate information to prospective parents about children's health and background.
- Assist families to obtain early compensatory education services for their children.
- Help adoptive families develop realistic expectations.
- Identify children who are unlikely to be reunited with their parents after foster care, so they can be placed with an adoptive family at an early age.
- Offer flexible, long-term post-adoptive services.

It is increasingly common for foster parents to adopt former foster children who cannot be returned to their parents.

Relative custody is similar to adoption, in that permanent custody is transferred to a relative or sometimes a close family friend, but parents' rights are not terminated. In Minnesota such permanent guardians can receive supportive services and some reimbursement for costs from a state-supported program, but (like adoption assistance) the rate is lower than for foster care, and the support for relatives is subject to deductions that do not apply to adoptive parents.

Delegation of parental authority is a voluntary arrangement in which a parent authorizes another adult as caregiver and decision-maker for a child. Although this arrangement is not tracked in any information system about child placements so we do not know how often it occurs in Minnesota, it is legally registered with the courts and is used for some older teenagers whose parents feel they cannot care for the child themselves.

What are the greatest gaps

in service for these children and families?


Although Minnesota's systems that serve children and their families are consistently ranked near the top of the nation, child welfare and juvenile justice professionals and other experts point to several areas that need substantial improvement. Based on review of many published reports and on our interviews with 40 child protection workers, juvenile probation officers, and court officials across the state, here are some of the most serious or most commonly mentioned gaps in services for children and families in Minnesota:

1. Low public awareness. Most Minnesota residents are not aware of the magnitude of this issue or what they can do to help. Public awareness is needed to provide a consistent policy direction, backed up by the resources to carry it out consistently.
2. Lack of funding to implement innovative or flexible services. Research has shown that providing families with flexible, individualized help significantly improves their prospects for preventing out-of-home placements. Alternative Response and Family Group Conferencing are examples of innovative, flexible approaches, but funding for these programs has been reduced.
3. Court capacities do not match child welfare or juvenile justice needs, which leads to bottlenecks. Shortages of judges, court administrators, and guardians ad litem have led to delays in hearings and too little individual attention (such as case review hearings that last an average of 7 minutes when at least 30 minutes are needed). In addition, the common practice of rotating judges makes it more difficult to make well-informed decisions on child welfare cases. Some Minnesota professionals interviewed for this study felt that judges and public defenders need more training in child development and in Minnesota's juvenile code.
4. Incomplete compliance with (or shortage of resources to comply with) laws such as the Indian Child Welfare Act and the Adoption and Safe Families Act. Federal and state laws require that in-home services be provided to families before out-of-home placements are considered, but the services designed to reduce placements are not as well funded by the federal government as the placement services themselves.
5. Few culturally appropriate services such as chemical dependency and mental health treatment. Currently, most services of this type that do exist have long waiting lists.
6. Shortage of early intervention and prevention services. Currently, many families must demonstrate that their ability to cope has completely broken down before they are considered eligible to receive services. This is partially due to lack of resources and partially due to the philosophy that families should be allowed to try to work through their problems without government interference, unless someone is at serious risk of imminent harm. Research shows that successful early intervention can reduce later costs of higher-level services, and that money to pay for basic daily needs (such as rental assistance, groceries, or transportation) can alleviate child maltreatment among lowest-income families. However, when resources are scarce, meeting the urgent needs of families in critical situations can leave few resources available to prevent such needs for other families.

7. Limited access to mental health services for children. Minnesota uses court-ordered placement more than many other states as a means of simply obtaining mental health services for children. In addition, many children who become involved with the courts due to their own delinquency or behavior problems also have histories of abuse or neglect and/or underlying mental illnesses. Punishing them without providing therapeutic help often does not deter them from re-offending. Juvenile probation officers and court officials also cite a need for more training in anger management and thinking skills for juvenile delinquents.
8. Difficulty in encouraging family involvement, especially in juvenile delinquency cases. Traditional juvenile corrections approaches offer little or no opportunity to address the child's home situation. Juvenile probation officers report that parents are often uninvolved or uncooperative in decision-making and treatment for their delinquent children. Research shows that increased family involvement is linked to a lower risk of re-offending in many different kinds of juvenile justice programs.
9. Shortage of crisis response and respite services. Services such as 24-hour mobile mental health teams or crisis nurseries can help families manage short-term crises and prevent them from developing into longer-term problems. However, such services are not always or uniformly available. Although evaluations have shown substantial reductions in use of child protection services for families who have used crisis nurseries, recent budget cuts eliminate much of the funding for these programs.
10. Insufficient follow-up or aftercare services for children returning home from a placement, and for older children who leave placement to live on their own. Many studies show that the success of a placement is influenced by the level of services provided to help the child and family readjust afterward. Yet these services are often unavailable or omitted to save costs. In addition, there is very little funding for programs to help homeless and runaway youth and their families resolve conflicts and plan for reunification. In recent years, more funds have become available to help children who are "aging out" of the foster care system learn skills for independent adulthood, but funding does not yet meet the need.
11. Lack of uniform, statewide information. Currently, most county social service agencies use the statewide SSIS database, but this system does not track many juvenile delinquency placements, some voluntary placements, or any privately-paid placements. This affects the well-being of children by making it more difficult for case workers and courts to plan services, monitor the status and well-being of children in the system, and identify the success of their placements. It also denies policy-makers at the county and state levels the information they need to understand patterns and trends and to plan for future needs.

In considering how well services meet needs, it is also important to consider the effect of changing social and economic conditions. Minnesota counties face “increasing costs and demands for services, more complex problems and performance expectations, increased training requirements, increased licensing and certification of staff and providers, more diverse clientele presenting new and different situations, and a shifting of funding responsibility from other county units.” (Minnesota Department of Human Services, biennial report to the legislature for 2002, based on counties’ reports on their Community Social Services Plans)

In conclusion, Minnesota’s child welfare and juvenile justice systems are often regarded as among the best in the country, and our indicators on child welfare are also among the best. However, some services are still lacking or cannot be effectively used, and the gap between well-being for White children and those of other ethnic and cultural groups is among the worst in the country. Most of the gaps in services are directly related to continued under-funding. In light of further reductions in funding, we need to examine every promising idea for improving the well-being of children at risk of out-of-home placement. We also need to closely monitor how these children and families fare in the current shift of state and federal policy and funding.



Minnesota’s systems
are highly regarded
but the gap between White children
and children of color is among the
worst in the nation.

What could be done

to improve the likelihood that every Minnesota child has a healthy, stable home?

The people of Minnesota are the ultimate guardians of our children's welfare. Expert knowledge may be needed to decide how to accomplish the people's goals, but no professional expertise can override the importance of public views and values about how we should care for the young when their parents can't or won't. Our values are expressed through policies that say what we think is important, and also in funding decisions that show what we care enough to pay for.

Certain fundamental principles are established in federal law:

- Children should be cared for by their parents unless it is not safe.
- Children who cannot safely stay at home should be placed in the most home-like setting possible for their situation, and should be reunited with their parents as quickly as possible.
- Children who have committed offenses should also be placed in the least restrictive setting that protects their own safety and that of the community, and should be helped to learn more acceptable behavior.
- Children who cannot safely be reunified with their parents within a reasonable time should have a new, permanent home as quickly as possible.
- Children who are homeless should be kept safe from harm and exploitation, and should be helped to reunify with their families if possible.
- When the government intervenes in the relationship between parent and child (either by removing the child, or by supervising the family while the child remains at home) that should be overseen by the court to provide "due process" safeguards.

The federal government provides some basic guidelines and some basic funding to carry out these principles. However, much of the judgment is left to county authorities; and in Minnesota, unlike in most other states, so is much of the cost.

As non-experts, most community members find it a challenging matter to step into the systems that are responsible for children removed from their homes. The policies and procedures can be very complicated. Nearly all decisions tread on delicate and often unresolved major social issues. Often there is no clear best answer, but rather the need to balance competing interests, in which we may hope only to do the least harm to the fewest people.

The very difficulty of accurately counting the number of children who are placed out of their homes is a symptom of the competing pressures that operate on the system: On the one hand, we find it important for public systems to be accountable for keeping track of those who are entrusted to it, especially those who are most vulnerable; but on the other hand, Americans have always fiercely resisted, as an invasion of privacy, any effort by the government to track and monitor individuals. At times when money is scarce, there is also a reluctance to spend it on record-keeping instead of on direct services to individuals.

People who work with children and families in crisis are frequently caught in dilemmas where strongly held values come into conflict. For example:

- On the one hand, it is vital that the public be concerned, aware, and supportive of the situations that troubled families face; but on the other hand, it is also vital to protect the privacy and confidentiality of such families to allow them an environment of support and encouragement in which they can heal.
- On the one hand, it is vital that decisions be made on a fair and equitable basis across the system, using consistent standards; on the other hand, it is vital that the essential decisions on each family's situation be made by those who are the most directly connected and best informed about the specific circumstances.
- On the one hand, we recognize that children need safety and stability and that they should not be left in foster care for indefinite periods; but on the other hand, we recognize that their bonds to their parents are strong no matter how inadequately the parents are able to fulfill their role, and that some parents (especially those with mental health or substance abuse problems) may need a long time, with many setbacks and much follow-up support, to be able to provide safe homes.
- On the one hand, we want the courts involved to ensure that the rights of parents and children are fully protected; but on the other hand, we see the value of intervening personally and informally, in a non-adversarial way, and making decisions as needs arise instead of waiting for busy court calendars to open up.
- On the one hand, we want to respond to problems early, while they are still manageable; but on the other hand, we are hesitant to intervene in family life unless absolutely necessary, and we are reluctant to spend public resources on broad social services for families not yet in crisis, or to meet needs that families have traditionally been responsible to provide for themselves.

Weighing and applying these competing values and priorities is not an easy task. Doing so in a fair and systematic manner is even harder.

The research reviewed and undertaken for this project suggests certain approaches that, if taken, might help improve our response to the troubles of families that have a hard time caring for their children. However, experience proves that changes are not easy to make just because they appear desirable. In the next section, we highlight some key questions about possible ways to improve the lives of at-risk families and their children.

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1. *What is known to be effective in reducing out-of-home placement, and how can we make it easier for families to get this kind of help?*

Several decades of research have established that an early response to the problems of child maltreatment, juvenile delinquency, or homelessness, if successful, can head off the problem. To be successful, this assistance must meet the actual (and maybe also perceived) needs of the family, and it must be intense enough and last long enough to make a real difference. However, many sources report that the resources needed to respond to these problems are not growing in proportion to the need. Early intervention is being scaled back to conserve resources for the most serious later-stage cases, which is likely to result in a higher proportion of earlier stage cases becoming more serious cases later.

To the extent that generalizations may be drawn from the available research about early-stage services to prevent the need for placement, it appears that:

- Early intervention or prevention programs can improve child or adult functioning but do not necessarily lower placement or recidivism rates.
- Coordinating many different sources of support (the wraparound approach) helps to reduce the need for more restrictive placements.
- Programs to strengthen parenting skills and support systems work better with older children and with cases involving abuse. They are less effective for families with younger children and in cases involving neglect, substance abuse, and children with developmental disabilities.
- Services appear to be more effective if they include help with basic necessities such as housing or groceries, instead of relying only on interventions to change the parent's or child's behavior.
- Children and parents are less likely to receive psychological help when children remain in the home compared to out-of-home placement, but when those services are received they show positive results.
- Certain features may improve the effectiveness of many different program and service types. For example, parents' knowledge of child development and actual parenting behaviors can be improved when parents have relationships with teachers, home visitors, counselors, or other consistent persons. Also, the "dosage" (intensity and duration of services) must match families' needs. This means higher dosage must be provided for those with higher needs.

the "dosage" of services must be strong enough to match the need.

The lessons from previous research suggest that the quality of staff is as important as the quality of a program or service. It is reassuring that several sources report that Minnesota has less of a problem than many states with burnout and turnover among child welfare workers. This needs to be watched, because studies of front-line staff and their supervisors show that recent increased mandates without increased funding have made the job harder and less rewarding, by increasing the service expectations while also requiring more paperwork and documentation. The next five to seven years will likely see the retirement

of many seasoned child welfare professionals. Our ability to attract and retain new staff of equal quality and stability will be critical to maintaining the quality of Minnesota's services to vulnerable families and children.

The success of the child welfare and juvenile justice systems depend heavily on services provided mainly outside these systems, including housing, education, substance abuse treatment, mental health treatment, and behavior or social skills training. Many sources report that some needed services are not adequately available in Minnesota communities. Often reported as lacking are mental health care (especially culturally competent care for children of color and care for children living in greater Minnesota), inpatient substance abuse treatment (especially for women caring for children), and services for those with a combination of mental illness and substance abuse; affordable housing; transportation; respite and crisis nursery care; and follow-up services for families who are reuniting after a child's placement.

The success of both systems also depends greatly on cooperation with the juvenile courts. While the courts provide vital safeguards, the court process is also sometimes intimidating for families and tends to reinforce adversarial roles. It may also cause delays and rushed hearings due to limited staffing, especially judges, administrators, public defenders, and guardians ad litem.

The way federal funding may be used also influences placement decisions. The majority of federal funds for maltreated children can only be used for out-of-home placement, not for services to prevent the need for placement.

Questions to consider:

- How much of the basic support for families should be left to the families themselves, their communities, and private charity? What responsibility does the government have to step in when the private sector cannot or does not fill the needs?
- What are the implications of decreasing government resources?
- How can parents of children with special needs get the kinds of support they need without going to court to have the child placed?
- What can be done for a family that needs help but is unwilling to accept it? What would make families more likely to seek or accept help?
- Is it reasonable to have statewide community standards for when and how to intervene with families? What are the alternatives?
- What are the implications of Minnesota's unusually high reliance on local property taxes to fund child welfare and juvenile delinquency services?

2. What factors affect the use of kinship care, and how can we use this placement alternative most effectively?

One significant change identified by many sources is the recent growth in the use of kinship care when children need to be placed away from their parents. Care by relatives or family friends, when it is possible, is strongly endorsed by most families and experts alike, because it allows the child to stay in familiar surroundings and maintain and strengthen existing relationships. Advocates for homeless youth also recommend the use of kinship care, informally or through voluntary legal Delegation of Parental Authority, as a way of providing for continued supervision by a familiar adult when the home situation is unworkable.

Federal law permits relatives to be paid for providing foster care, and if a state requires relatives to meet the same licensing requirements as unrelated foster parents (as Minnesota does), they must also be paid at the same rate. Federal and Minnesota laws require child welfare workers to try to locate relatives or “important friends” before considering foster parents who are strangers to the child. This obligation is even stronger when American Indian children are involved.

Certain factors limit the use of relatives as official foster care providers. Since families needing out-of-home care for their children tend disproportionately to be those who are poor and lack strong networks of concerned friends and family, it is often difficult to find relatives who are available and able to care for the child. Furthermore, if a suitable relative is found, Minnesota’s licensing standards may require them to buy new furnishings (such as a bed or high chair) or make substantial modifications to meet certain building codes before a child may be placed. Federal funds for foster care cannot be used if the home is not licensed, even if the care is only needed for a short time and the conditions are not far below those

required for licensing. Counties must cover the costs of placing children with non-qualifying relatives.

**to receive financial help,
relatives must qualify
as licensed foster parents.**

In some states, the benefits of kinship care are thought to outweigh the advantages of ensuring full licensing standards, so some or all of the regular licensing standards are waived for relatives. Rather than seeing kinship care as a simple extension of

family responsibilities with little government support, or on the other hand treating it like any other licensed foster care, most states treat it as a mix, depending on circumstances.

Minnesota families unofficially caring for a related child can receive limited welfare payments covering only the child. These are significantly lower than the foster care payment. Children in these unofficial care situations are much less likely to receive supportive government services (such as mental health counseling or respite care) than children in official, licensed foster care.

If relatives who are providing unofficial foster care decide to formally adopt the child after the birth parents' rights have been legally ended, the adoptive family receives the same federal adoption assistance payment as any other adoptive parent, but that rate is lower than for foster care. Relatives who become permanent guardians of a child (without the parent's rights being terminated) receive financial assistance from the state, and it may be lower than the federal adoption support because of adjustments based on the relative's or the child's other income. Attempts to equalize all these payment rates have not moved forward because of the cost of raising adoption and permanent custody payments to match foster care rates.

Questions to consider:

- Should Minnesota consider relaxing some of its licensing standards for kinship care?
- What kind of payment, training, and support should people receive when they are caring for a related child?
- What would it take to make relative care work in more emergency placements?
- Are we missing opportunities to use kinship care in communities of color?

3. Do we effectively assess the risk of neglect and respond to it with appropriate services?

Although abuse is more likely than neglect to be deemed an imminent threat to safety and therefore justify intervention, neglect has been shown to be the more serious long-term threat to the child's healthy development. While neglect, like abuse, occurs at all economic levels, the conditions that make it visible enough to come to the attention of the authorities are strongly associated with poverty.

Certain sets of structured decision-making tools are widely used in Minnesota to help case workers determine a child's risk of being neglected or abused. Most counties also use risk assessment or needs assessment tools for juvenile delinquency cases. These tools are used at the screening stage to help identify cases that need the most immediate attention and resources; they are used later to help identify whether there is a need for services or out-of-home placement, and if so, which kinds; and they are used at periodic review hearings to help determine whether it is safe for a child to return home. Some child welfare professionals hope that using these decision-making tools will help them to compare the success of different kinds of interventions and thus become better at selecting the right intervention for each family.

Confidence in the value of these tools is based on research showing that certain scores reliably predict the likelihood of subsequent maltreatment or delinquency. Although the child welfare tools have not been tested in Minnesota, research elsewhere (especially in Michigan) has found them to be valid for White, African American, and Chicano/Latino populations. They have not yet been tested for validity with American Indian families, and some feel that their use unfairly raises the frequency with which Indian children are removed from their parents.

There is also some question whether a tool that focuses on the risk of “imminent harm” is adequate for assessing the risk of neglect, which causes harm more gradually. Children and parents in neglecting families often need different services than those in abusing families, and child welfare workers often find it harder to gain parents’ cooperation in resolving neglect cases. Allegations of neglect account for slightly over half of child maltreatment cases that are reported, and 61 percent of substantiated cases. Children are more likely to be removed from the home during a child maltreatment assessment for reasons of neglect than for any other kind of maltreatment. National statistics show that neglect is significantly more likely than abuse to recur within 6 months.

The prevalence of neglect cases in the child welfare caseload, and the relationship between poverty and neglect, may help to explain the research finding that comprehensive services, which include help with basic necessities such as housing, food, and clothing, are generally more effective than services that include only interventions to change parents’ behavior.

Questions to consider:

- How much should structured, standard tools be used to make decisions about individual, unique cases?
- How should their use be balanced with child welfare workers’ own judgments?
- How can we be fair in assessing neglect, especially considering the wide spectrum of family values and child-rearing practices in Minnesota?
- Neglect is legally defined as the failure to provide necessities when the parent is mentally and financially able to provide them. What is the appropriate community response when children grow up without necessities because their parents are not financially able to provide them? How might we get help to such families before conditions become unsafe enough to justify removing children?

4. How should we respond to families affected by substance abuse, mental illness, and domestic violence?

Substance abuse, mental illness, and domestic violence are frequently found in the same households as child maltreatment and juvenile delinquency, and the households that homeless youth have left. Juvenile delinquents are usually returned to their homes after serving time in correctional placements, although nothing has been done to change the home environment. Homeless shelters provide a safe refuge for youth who leave a troubled home or are sent away, but most lack the resources to address the conditions in that home.

The basic model for child welfare intervention requires parents to demonstrate a certain level of responsibility to show that they are able to provide a safe home for the child, either to prevent the child from being removed from the home, or to return the child after placement out of the home. However, substance abuse, mental illness, and domestic violence all decrease parents' ability to control their own behavior and thus interfere with their ability to be responsible. Each of these conditions is often a source of shame, leading people to hide it, deny it when asked, and resist efforts to address it. Furthermore, since these conditions are frequently reasons for removing a child from the home, parents have a big incentive to hide or deny the existence of the problem; and since both mental illness and chemical dependence may be long-lasting problems, with significant chances for relapse (especially if follow-up treatment is not readily available or not adequate), a prior history of either may be "held against" the parent later, further motivating them to avoid any official record of the problem's existence.

State and federal policy require that children be kept safe, and that "reasonable" or "active" efforts be made to help parents safely care for their children. In making this help available, child welfare workers are heavily dependent on resources over which they have no control. Policy does not dictate any minimum level of available community support that must be available to child welfare workers to meet the needs of parents; hence, the same level of effort may result in vastly different levels of service in different communities.

treatment can take many months, and relapses are a normal part of recovery.

The short time frames for permanency under current law create challenges for accommodating the treatment needs of parents. Waiting lists for both diagnosis and treatment may cause delays. Treatment itself (especially for those with "dual diagnoses" of both mental illness and addiction) may take many months, and relapses are an ordinary and expected part of recovery. The realistic time frame for effective treatment may be considerably longer than the time frame to find a permanent care solution for the child.

Complicating the difficulties of treatment and recovery, the problems of substance abuse, mental illness, and domestic violence commonly occur together, and they are often so closely linked that treating only one is likely to be unsuccessful. Given the shortage of treatment options for each separate problem, it is no surprise that there are few resources available to help parents who have these problems in combination, and even fewer that are gender-specific and/or fit varied cultural and ethnic backgrounds.

Many different reports have documented a shortage of mental health services (especially for adolescents, for children of color, and in general in greater Minnesota) and of substance abuse treatment programs (especially inpatient programs, and especially for women caring for children). Minnesota has an unusually high number of parents who go to court through the child welfare system (temporarily giving up parental custody) simply to get needed mental health care for their children.

Crisis shelter services for domestic violence victims have been gradually expanding over the past decade in Minnesota, although recent budget decisions make it likely that many such shelters will close or curtail services in summer 2003.

Questions to consider:

- How should the child's need for safety and stability be balanced with the importance of keeping the family together?
- What obligation does the public have to ensure that appropriate and timely services are available to parents who are experiencing substance abuse, mental illness, and/or domestic violence?
- What is an appropriate response to child maltreatment when the child's parent is also being abused?

5. *Do we have the right mix of services for children needing longer-term or more intensive care?*

Several sources report that children needing placement today have more problems, and more serious ones, than did children in placement a decade ago. This makes it more difficult and more costly to find appropriate placements, and helps to explain why costs for care are rising faster than the numbers of children in care.

The same principles apply to the choice of placement for these children as for any others: they should stay as close to home, and in as home-like a setting, as possible, ideally with supports such as outpatient and day treatment. Children with multiple or severe needs may be too challenging for relatives to handle, however caring and willing they are. Some foster parents are willing to care for such children. They receive extra training and reimbursement to help them do so. Such foster parents are the best chance that older children with complex problems have for adoptive parents, if their birth parents are unable to provide a safe home for them in a reasonable time. However, as the number and proportion of children with greater needs grows, as more of these “treatment foster parents” become adoptive parents, county officials have some concerns about their ability to recruit enough treatment foster parents in the future.

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foster parents can provide.

It is also important to recognize that some children require more intensive treatment than even well-trained foster parents can provide. There is currently a shortage of mental health services for these children, whose problems include substance abuse, family violence, and sexual abuse. They often need institutional care to provide more protection or more intensive treatment or both. Untreated mental health problems may lead to delinquency and, in some cases, placement in correctional settings.

Minnesota law requires counties to provide enough mental health services (inpatient and outpatient) to meet the needs of all children with severe emotional disturbance. Many reports cite a pressing shortage of community-based treatment services. In addition, the fact that Minnesota is among the states with the highest number of children placed in institutions through the child welfare system solely to obtain intensive mental health care suggests that the requirement of sufficient community-based care is not being met. For children who need highly intensive services, including case management and treatment at home and school, it may be less costly for a county to place the child in a federally subsidized institution than to bear all the costs of community-based care.

Research reviewed for this study shows that mental health services can be effective when children remain in a home-like setting. Even more intensive programs, such as multisystemic family therapy, are significantly less expensive than placement. When offered with enough “dosage” (intensity and duration), they are effective in improving both parents’ and children’s ability to function well beyond the period of treatment, as well as helping other children in the family. Treatment foster care has also been shown to be effective, but it can be hard to recruit foster parents for “troubled teens.”

In studies of children who have been placed in therapeutic or residential settings, the factor most often noted as linked to a successful transition back to the family (that is, without a recurrence of the problems that caused the initial placement) was the provision of aftercare services to help the child and family through the process of reunification and re-adjustment to the less structured routines of family life.

Besides a shortage of community-based mental health services, other services often mentioned as missing from the mix are chemical dependency treatment (for children as well as for adults), cognitive-behavioral therapy for children with behavioral disorders, and treatment for youth with borderline developmental disabilities. These services are becoming more important with the rising number of children with disabilities, especially among families in poverty.

In a recent series of discussions held around the state, people working with homeless youth reported that many of the youth who did not make successful transitions to home after placement had not received the services they needed (often mental health or chemical dependency treatment). They also reported a widespread lack of transitional services to help youth adjust successfully back into their families and communities.

Intensive, therapeutic placements in institutions are usually shorter than placements in family settings. Children who stay longer in foster care typically do so more because of their parents' problems than their own, because those problems may be harder to resolve. For these children, the critical issue is not so much whether a suitable placement exists (they typically stay in the same, stable setting for the entire period), but rather how long the parent is given to correct the situation at home before the county moves to terminate parental rights. This issue is discussed further in Question 7.

Questions to consider:

- Is it reasonable to expect that we can recruit and retain enough treatment foster parents?
What support services should be available to them?
- How much out-of-home placement occurs simply to gain access to services that could be just as effectively delivered on an outpatient basis but are not available (or affordable) that way?
- Is there a need for types of placement settings or facilities not currently available for children who are delinquent or homeless?
- How can funding requirements be changed so that counties have more options to use less expensive, more community-based services?
- As a higher proportion of the case load is made up of children with more serious problems, is there any way to avoid taking resources away from less serious cases? Can resources be targeted to less serious cases to prevent their becoming more serious?

6. *How can we better assist older teens who are leaving placement and those who are homeless?*

We know that most children who are placed out of their homes are in placement only once within that year. However, more children are in multiple placements over a period of several years, and a substantial number cycle back and forth between home and placements several times. These children are at serious risk of homelessness, delinquency, and of parenting a new generation of children who themselves will face the same risks.

The majority of children in placement are teenagers. Most children leave at the end of their placements to rejoin their parents (73%) or other relatives (7%), but of the remaining children, twice as many become responsible for their own care (10%) as are placed in permanent homes (5%). For aftercare (transitional services to help re-adjust to the family and community), counties rely on community-based services.

Aftercare services are often optional and may not involve the intensity or supervision necessary to ensure that parents and children follow through. Most providers agree that current transitional support is inadequate, and that strengthening these services could prevent many recurrences of placement.

most providers agree that current transitional support is inadequate.

Advocates who work with homeless youth report that the decade of the 1990s saw an increase in the numbers of children becoming homeless and “aging out” of foster care; that is, reaching adulthood without being reunited with any permanent family. They also report that another contribution to homelessness among teens is an emphasis in some counties on cases involving younger children. To conserve scarce resources, counties are likely to judge that teens (especially those 14 or older) are at less risk of imminent harm because of their greater ability to protect themselves by leaving the situation.

However, most emergency shelters serve adults only, and most shelters for youth are for young mothers with children. Advocates report a serious shortage of emergency or transitional housing for single, unaccompanied youth. Most of these shelter programs attempt to help youth return to their families, but do not have funding to provide the intensity of services needed to address what are often serious conflicts before the youth returns home, or to support the youth and family through the difficulties that typically arise after they reunite.

About 30% of the children entering placement in 2001 had been in a prior placement within the previous 12 months. This varies little by race or ethnicity (ranging from 28% for African Americans to 32% for Whites). This rate of repeated placement, like the large fraction of homeless youth with prior experience in placement, is evidence that many transitions back to home are not successful. Aftercare is one of the 15 significant gaps identified by the Minnesota Department of Corrections in the range of services for juvenile delinquents, and three of the other gaps also deal with the needs of youth becoming responsible for their own lives: independent living skills programs, services for teen parents, and vocational services.

Since 1995, federal funding has been available to support independent living programs for youth. State funds are available for some housing and risk prevention services, but most services to youth who are homeless or at risk of becoming homeless are heavily dependent on community funding. In many parts of the state, advocates report that most services for homeless youth are accessible only through county referral, so that youth who are homeless without the county's knowledge cannot access needed services.

Questions to consider:

- What supports or interventions can give teenagers who live in difficult conditions more positive options to choose, and meaningful incentives to choose them?
- If a teenager has already been in multiple placements, what can professionals do to increase the likelihood of success for the next placement?
- What aftercare services could be provided to children and their parents when children return home after placements or homelessness?

7. How and when should we decide to permanently remove a child from home?

Federal law requires a permanency petition to be filed when a child has been placed out of the home for 15 of the last 22 months. Minnesota has imposed more stringent time lines for permanency, requiring review at six months for children under age 8, and at 12 months for children 8 and older. Some petitions for termination of parental rights may be filed almost immediately, if the court determines that reasonable efforts are unlikely to help a parent create a safe home (such as if the parent has been convicted of killing or seriously harming another child, or has already lost parental rights to another child).

When children are placed solely because of their own disability or behavior, permanency hearings may still be held but termination of parental rights is seldom seriously considered. If the parent shows no continued interest in the child (for example, does not visit or respond to the case worker's contacts), the courts may decide that the child's best interests require permanent transfer of custody to another caregiver.

When a child is placed because of the parent's behavior, the court will review both the county's reasonable efforts to provide needed help and the parent's cooperation with those efforts and progress in meeting case plan requirements. If the court determines that the parent is not cooperating, the judge will usually direct the county to begin proceedings to terminate parental rights.

The harder cases are those in which the parent is cooperating, but has nevertheless not met the conditions laid out in the case plan. In such cases, it is particularly difficult to balance the parent's right to be helped while they try to recover, with the child's need for a stable relationship with a permanent caregiver. One of the most challenging aspects of cases involving substance abuse and mental illness is the impossibility of predicting who will make a lasting recovery after the first treatment, who will require a series of treatments to recover, and who will not make significant progress toward recovery within a reasonable time.

A shortage of needed resources in some communities, child welfare offices, and courts also contributes to delays in providing services, or provision of services that are not sufficient for the parents' needs. There may be considerable variation among different counties in the availability and timeliness of services.

One option for judges, at permanency hearings, is to continue a child in longer-term foster care. This is only an option for children age 12 or older, and only when suitable relatives are not available. Sometimes permanent legal custody is assigned to another caregiver, usually a relative, without the legal termination of parental rights. In this arrangement, the relative becomes legally responsible for the care of the child, but the legal relationship with the parent is not dissolved.

Questions to consider:

- How many chances should a parent get? When relapses are an expected part of treatment, at what point should they be interpreted as evidence that the parent will not recover enough to provide a safe home for the child within a reasonable time?
- Can alternatives such as family group conferencing help resolve permanency decisions in ways that create less tension between the child's interests and the parent's interests?
- Should standards for termination of parental rights be consistent regardless of cultural or ethnic background or historical experience?



Closing note

Minnesota's long reputation as "a state that works" is based in part on a tradition of believing that the well-being of the whole society is closely linked to the well-being of each of the parts that make up that whole, and of acting on that belief to invest in the healthy development and well-being of all.

As many leaders and observers of American society have noted, the success of a democratic state depends greatly on all people from all walks of life coming together with others who are committed to the same issues, and working together to achieve things that none them could achieve alone. This is most powerful when public and private efforts (government and non-government) join forces.

Minnesota, like many other states today, is engaged in a vigorous and healthy debate about the balance between personal and collective responsibility. This debate is most productive when it is founded on facts about real situations and the results of different approaches.

Close to 30,000 children are growing up in Minnesota each year in conditions that jeopardize the possibility of a bright and productive future for them. We hope this report will help Minnesotans consider the issues, weigh the options, and commit to a course of action that gives these children the greatest chance to rise above their early troubles and join the next generation of "a state that works."



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