Illusionary success: modern failures in child welfare

By

Courtney R. Harris

A Dissertation
Submitted to the Faculty of
Mississippi State University
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy
in Public Policy and Administration
in the Department of Arts and Sciences

Mississippi State, Mississippi
May 2019
Copyright by
Courtney R. Harris
2019
Illusionary success: modern failures in child welfare

By

Courtney R. Harris

Approved:

________________________________
Michael Potter
(Graduate Coordinator)

________________________________
Leslie Baker
(Co-Major Professor)

________________________________
Christine Rush
(Committee Member)

________________________________
Brian Shoup
(Committee Member)

________________________________
Kenya Cistrunk
(Committee Member)

________________________________
Dean Rick Travis
Dean
College of Arts & Sciences
Child welfare is constantly labeled as “failure-riddled” and “scandalous” with high rates of children who are in an endless cycle of removal, reunification, and removal. Some children have lifelong abuse ramifications due to a longstanding history of childhood abuse. Other children, unfortunately, pay the ultimate price and die. State Child Welfare entities are working within their confines and become bound by federal and state statutes and laws. While media and citizen onlookers criticize and blame the state, workers, and families, the field suffers from a lack of better offers. This dissertation seeks to use the state of Tennessee as a case study to look at the why child welfare policy fails and is it situational by state. Findings indicate that there is no linear correlation for funding and rates of child abuse in states and that the policies implemented are used because of the “fail better” than other policy options. Tennessee is uniquely situated because, in the past 20 years, it has weathered two major scandals in child welfare.
DEDICATION

I would like to dedicate my dissertation to my parents. They had supported me in every endeavor, even when I failed. They always help me get back up when I was not sure I wanted to keep going. They are the reason I am a success. I would also like to dedicate this all of the people along the way who told me “No” or that “I would never make it.” Without their discouragement, I would have never fought this hard to get here. As it were their, words created a fire in me.
ACKNOWLEDGEMENTS

I would like to acknowledge my chair, Mike Potter, for working with me and helping me at every turn. I’d like to acknowledge Christine Williams and Quintara Miller for keeping my sane, on my worst days and laughing with me on my best, Daina Hamer for just being there when I was struggling to find my motivation and Matt Fares for helping me through all my ups and downs.
TABLE OF CONTENTS

DEDICATION .................................................................................................................. ii

ACKNOWLEDGEMENTS ............................................................................................... iii

LIST OF TABLES ............................................................................................................. viii

LIST OF FIGURES ......................................................................................................... ix

CHAPTER

I. INTRODUCTION ...................................................................................................... 1

   Research methods and question .............................................................................. 2

II. CHILD ABUSE IS TERRIBLE ............................................................................... 6

   Child abuse by the numbers .................................................................................... 7

      Specific Cases ....................................................................................................... 8

         Joshua Deshaney .......................................................................................... 9

         Ronnie Paris .................................................................................................. 10

         Jordan Belliveau .......................................................................................... 11

         Why do these cases matter? ......................................................................... 13

   What is child abuse? .............................................................................................. 13

   Federal Definitions ............................................................................................... 15

   Tennessee Definitions .......................................................................................... 16

      Types of child abuse as defined by the Tennessee Department of
      Children Services ......................................................................................... 16

      Physical Harm ................................................................................................. 17

      Neglect ............................................................................................................. 17

      Sexual Abuse ................................................................................................... 18

      Psychological Harm ........................................................................................ 18

      Child Death/Near Death .................................................................................. 18

   Lasting damage from child abuse .......................................................................... 19

      To disclose or not, that is the question .............................................................. 20

   Common secondary problems attributed to childhood abuse ............................ 22

      Mental Health .................................................................................................. 22

      Interpersonal Relationships .............................................................................. 23

III. PARTIAL LEGISLATIVE HISTORY ..................................................................... 25
WE WANT TO SOLVE CHILD ABUSE, BUT WE CANNOT

Child Abuse is a Wicked Problem
Implementation
Pressman & Wildavsky’s Framework
Principal agency problem
Tennessee’s DCS structure
Structural demographic breakdown
Intake
Priority level and track assignment
Investigation
Outcomes
Critique of decision making and decision-making tools in Tennessee
Fallibility and limitations of decision makers and decision-making tools
Failure to revise risk assessment
Unreliable or unavailable information
Competing values and loyalties
Bounded Rationality
Decision makers and decision-making tools in Tennessee
CANS in Tennessee
How CANS is Scored
Major Cans Sections
Limitations and Critiques of CANS

REUNIFICATION

Failures and successes in reunification
Why reunification fails
Parental Factors
Child Factors
Family factors and service utilization
Environmental factors
Worker insights
Why reunification succeeds
Tennessee’s numbers
AFCARS and how it works ................................................................. 78
Tennessee’s AFCARS score ......................................................... 80

VI. CHILD WELFARE ........................................................................ 81

Problems that cause child welfare to suffer ................................. 82
  Resource allocation ..................................................................... 82
  Departmental Stressors .............................................................. 83
Safety 85
  Safety Plan in Tennessee CS 1044 ............................................... 87
Permanency .................................................................................. 88
  Permanency planning in Tennessee .............................................. 90
Well-being ................................................................................... 91
  Monitoring the compliances of Safety, Permanency, and wellbeing ... 92
  Child and Family Services Review general findings rounds 1-3 ....... 92
  Tennessee’s CFSR report findings ............................................... 94
  Safety outcomes ........................................................................ 95
  Permanency outcomes ............................................................... 96
  Wellbeing outcomes ................................................................. 98
Lack of mutual satisficability ....................................................... 100

VII. PERSISTENCE OF FEDERAL & STATE FUNDING ................. 103

Federal funding as established by federal statutes ....................... 103
  Historical timeline of legislation the established funding for child
  welfare ....................................................................................... 103
Relative breakdown of federal funding allocation ........................ 107
  Program Breakdown .................................................................. 108
    Title IV-E ................................................................................. 109
    Title IV-B ................................................................................. 109
    Temporary Assistance for Needy Families .............................. 110
    Social Security Block Grant ................................................... 110
    Medicaid ................................................................................ 111
    Other Federal Funds ............................................................... 112
State Funding ............................................................................ 112
  Tennessee’s child welfare funding breakdown ............................ 113
Lack of mutual satisficability ....................................................... 118

VIII. CONCLUSION ......................................................................... 120

Limitations .................................................................................. 121
Findings ...................................................................................... 123
Future Research ......................................................................... 128

REFERENCES ............................................................................... 129

APPENDIX
A. FULL STATUTE FOR STATE OF TENNESSE CHILD ABUSE ..........161
B. TIMELINE FOR MAJOR CHILDWELFARE EVENTS ..................164
C. TENNESSEE REGIONAL DCS BREAKDOWN ..........................166
D. INTAKE FLOWCHART TN DCS ........................................168
E. CANS STRUCTURE TN .............................................170
F. CFSR OUTCOMES RESULT TABLE ..................................172
G. CHILD WELFARE SPENDING ........................................174
LIST OF TABLES

No table of figures entries found.
LIST OF FIGURES

Figure 6.1 Comparison of data points score for Safety outcome 1 during the 3 rounds of CFSR ................................................................. 95
Figure 6.2 Comparison of data points scored for Safety outcome 2 across 3 rounds of CFSR ................................................................. 96
Figure 6.3 Comparison of data points scored for Permanency outcome 1 on all rounds of CFSR ................................................................. 97
Figure 6.4 Comparison of data points scored for Permanency outcome 2 across all years of CFSR ................................................................. 98
Figure 6.5 Comparison of data points scored for Well-being outcome 1 across all levels of the CFST ................................................................. 99
Figure 7.1 Figure 1 Total US Spending on Child Welfare in SFY 2016 ................. 108
Figure 7.2 Figures represented here are budgetary estimates as reported to the state legislature ................................................................. 114
Figure 7.3 Figures represented here are budgetary estimates as reported to the state legislature ................................................................. 115
Figure 7.4 Figures represented here are budgetary estimates as reported to the state legislature ................................................................. 116
Figure 7.5 Figures represented here are budgetary estimates as reported to the state legislature ................................................................. 117
CHAPTER I
INTRODUCTION

I began working for the Tennessee Department of Children Services (DCS) in the summer of 2012. I was ecstatic; I was going to help change the lives of children. Little did I know, that this would be the hardest and in hindsight, most rewarding year of my life. My time at DCS was spent as an investigator, meaning I looked at investigation track cases. These cases included but were not limited to: Sexual abuse, drug exposure, meth lab exposure, near-death experiences, and child fatalities. I worked over 60 hours a week and spent much of my time removing children from dangerous situations. When I was not removing a child, I was in taking part in safety or permanency planning. Many days I went from court to a child and family team meeting, and then performed a removal in the evening. I worked sick, and I worked heartbroken for the children and families that I encountered.

A few months before I left the department, I got assigned an unusually severe case, one that will remain with me for the rest of my life. Being a part of that narrative and seeing the legal and legislative failures sparked something in me. Knowing that we as a “child welfare entity” were making decisions that would lead to a child paying the price was unacceptable. The feeling of shame at knowing I could not ensure that the child was safe haunts me to this day. Those feelings paired with the knowledge I gained while at the department sparked a need to understand the policy underwriting the actions of the
state. If I could understand the policy-making, and understand the implementation of policy, I knew I would be able to help identify the problems leading to “failures” in child welfare and fix them. I was not sure where to go when I left the department, or what path to take, but I was sure that I wanted to be a catalyst to make a positive change.

**Research methods and question**

This passion became a research agenda; for this dissertation, I will be doing an analytical narrative paired with an intensive case study. I chose the approach of an analytical narrative because I want to look in-depth at problems that plague the Child Welfare field. Analytical narratives “combine analytical tools that are commonly employed in economics and political science, and a narrative form which is more commonly employed in history” (Bates, Greif, Levi, Rosenthal, & Weingast, 1998). Pairing this with a case study of Tennessee should allow me the freedom to show policy failure on a micro level while painting a picture of the macro-level failures. Case studies have been made commonplace in the field of Public Administration(Agranof & Radin, 1991; Perry & Kraemer, 1986). Using this method allows for an in-depth look at a phenomenon using a multitude of literature and data sources to triangulate an argument (Yin, 2009).

I also want to focus on the problems, not the theory behind them. By focusing on the problem, I will be able to account for particular events or outcomes experienced in one special case, Tennessee. By exploring, highlighting, and diagnosing the interplay between the “strategic actors” involved child welfare decisions in Tennessee, positive and
negative outcomes should generate for this research endeavor. Using previous experience working in Tennessee should add validity to the rich narrative provided.

At times I will also rely on the use of personal voice to help bring you as a reader into an interactive understanding of my work. According to Browder et al (2000) “Using personal voice illuminated the researcher’s presence in the research: similarly, qualitative researchers often use present tense and the first person plural pronoun we to help draft readers’ participation in interpreting evidence they present (Brower, Abolafia, & Carr, 2000, p. 366). Golden-Biddle and Locke (1993) stated that reading is an interactive process and to ensure reliability and validity to the narrative, the writer must provide three core qualities: authenticity, plausibility, and criticality (Golden-Biddle & Locke, 1993).

In order to obtain the documentation necessary to build this narrative, I have looked at sources across many disciplines. Various journals from the fields of Public Administration, Social Work, Mental Health, Sociology, Drug abuse, and Economics will are featured prominently in this work. They were used to illustrate the all-encompassing problem that child welfare is. Also, I am utilizing reports from both the federal government and the State of Tennessee. Most of the reports from the federal government come from the office of Congressional Research or the Department of Health and Human Services under which the Department of Children and Families is housed. The Maltreatment Report, which dates back to 1995, has been instrumental in my ability to see and track changes in child abuse both nationally and for Tennessee over a long period.
Reports and documentation from the state of Tennessee look at the administration of the Department of Children Services within the state. Policies, regulation, and implementation models of the various child welfare programs created a deeper understanding of the possible failures in a large multi-level bureaucratic agency. Additional sources from Tennessee explore the state’s budget in order to appreciate better the allocation process for child welfare funding: and how the state makes the best of a budget that is inappropriately sized to meet the needs of the number of children it needs to cover. Along with documentation from the state, I plan to complete elite interviews with six child welfare workers. These interviews allowed me to get a better understanding of their experiences and insights about their work. Using firsthand information about the problems and insight that street-level workers bring to the table in this specific state will help me uncover unique identifiers for Tennessee.

I chose Tennessee for two key reasons. First, I previously held employment in child welfare in that state and possess an understanding of the policies, regulations, and procedures there. This firsthand experience allows me to have a higher level of awareness of the ins and outs of Tennessee’s schematics. This knowledge assists with the understanding of the implementation of said policies and outcomes. Second, I chose Tennessee because it is my home state and I want to see Tennessee thrive and grow from my research. Since 2013, when I left the department, Tennessee has seen an 11.6 percent increase in the number of children that received an investigation or alternative response (US Department of Health and Human Services, 2019).

The research question I have chosen to attempt to answer is: Why do states continue to implement a policy that is known to fail? To answer this, I will explain
federal policies, regulations, definitions, and funding schematics commonly used in the field. I will use Tennessee as an example of the successes or failures of said policies.
CHAPTER II
CHILD ABUSE IS TERRIBLE

Child abuse is terrible; this is a narrative that we all agree with. As humans, we care about the plight of our fellow man, but we are especially caring when it comes to children and the elderly. Both subsects of the population are vulnerable and unable to protect themselves. Caring about their plight and wanting to acknowledge the depth of the child abuse problem are two different issues.

Nightly when listening to the news, one hears stories that highlight the unfortunate death of a child, at the hands of a parent. Headlines in our papers read: “Relatives baffled after Tennessee mother is accused of fatally stabbing her four children.” “Maryland father confessed to killing his 2-year-old daughter and her mother” “NYPD: Bronx man charged in death on 1-month-old son.” Some will skip past the stories, sad about the abuse but unwilling to read to bone-chilling accounts. Others will read the story and then post on social media that they are enraged with the depravity of these individuals. They berate anyone who abuses their children and title themselves a champion for the cause. However, their fight to end child abuse stops there. Child abuse only happens in problematic families. Abuse could not be happening in their neighborhood; they would know…right?

No one would willingly witness child abuse and sit idly by, and no one would turn their back on children in these desolate conditions. However, this mindset is in direct
conflict with the reality of the situation. The numbers of children experience abuse and every year tell a different narrative. One where their teacher noted some unusual bruises but brushed it off. Alternatively, the teacher may have completed a report, and the allegations were screened-out. Perhaps, a situation where a bus driver gave a child food to put in their backpack because they are hungry at night; because the family is struggling to make ends meet. The sad truth is that millions of children receive unwanted and abusive experiences each year.

**Child abuse by the numbers**

Nationally in 2016, 692,235 children had substantiated cases of child abuse (Services, Families, Administration on Children, Families, & Bureau, 2018). An additional 582,621 received an alternative response, which indicates a need for services to help ensure that removal is not necessary (Services et al., 2018). Both of these are less telling than the 2,306,777 cases that were screened in nationwide (Services et al., 2018).

Tennessee reported 75,018 screened in cases which resulted in 91,562 children receiving either an investigation or alternative response. The investigation rate is a 7.5% increase from the 2012 amount of 85,180 children receiving a response (Services et al., 2018). While there was an increase in the number of children receiving a response, Tennessee saw an almost 50% reduction in the number of children identified as a first-time victim. In 2012 that number was 8,494, and in 2016 it was 4,701.

The field accepts these numbers as the best estimate. It is important to note that any numbers related to child abuse are an estimate for two significant reasons. First, much of the empirical data is based heavily on each state’s self-reporting mechanisms; which later we will see are not always accurate. Second, in addition to misreporting, there
is no uniform or cohesive reporting system for all states. Like with any other type of legislation, states report, define and handle the dissemination of this data differently. Some states only report cases that were substantiated. Some report only the number of children involved, while others also report the number of first-time victims.

Second, child abuse is a touchy and taboo subject for many. There is a magnitude of reasons why instances of child abuse go unreported or uninvestigated. Some are handled privately within an ethnic or religious group. Some are unreported due to the acceptance of behaviors on the part of the family. Others cases remain uninvestigated due to a lack of belief that the abuse occurred and refusal to accept the word of the child. Lack of reporting is a significant limitation that much of the research conducted in this field suffer from.

While we may lack the exact number of abused children, we see too often some cases become sensationalized and grow into a strange form of “entertainment” for the public. We can all recall having heard some of the cases that have been splashed in the media over the past ten years. When I think of significant child abuse cases, three, in particular, come to mind: Joshua Deshaney, Ronnie Paris, and Jordan Belliveau.

**Specific Cases**

I gave careful consideration to the cases chosen to discuss in this section of the paper. Each one selected was chosen because it shows in some aspect, a failure that resulted in the death of a child. I am not using any of the cases selected as an attempt to point the finger of blame at a worker, department, or agency. Instead, they were selected to highlight the failures that of the policy, regulation, or procedures related to the case.
Following Joshua Deshaney’s death, his non-custodial mother filed suit against the county and the social workers involved in his case. The Supreme Court case sparked a national debate amongst public policy academics and judicial scholars: regarding the placement of responsibility in the death of a child who has current or past Child Protective Services involvement.

Ronnie Paris had been removed and reunited with his family, following training, court-mandated therapy, and intervention services. Shortly after being reunited with his family, he slipped into a coma following “suspicious circumstances.” Police found the father to be at fault for the child’s injuries and charged him with numerous crimes.

Jordan Belliveau is still being mourned by his foster parents, who say that he was “failed by the system.” Following a court-ordered, reunification, the child to the mother. Less than four months later Jordan was killed in similar circumstances to that of his initial removal.

All three of these cases have something in common, a failure: Some level of failure that ultimately ended with the tragic death of a child. In each of these cases, there was some form of failure which led to the child’s untimely demise.

Joshua DeShaney

Joshua DeShaney’s story is that of a 4-year-old beaten so severely in 1984 that he fell into a coma, and struggled to survive. Following extensive brain surgery, doctors found that longstanding abuse, coupled with traumatic injuries to his head and neck, had produced extensive brain damage. Damage so widespread that medical officials determined he needed constant care; relegating him to spend the rest of his short life in an
institution. Following his catastrophic injuries, an elevated level of medical care, and the negative outlook for recovery, his mother filed suit against the Winnebago County Department of Social Services (Curry, 2007).

Ultimately this case went to the Supreme Court wherein a harsh 6-3 decision the courts ruled that a state agency's failure to prevent child abuse by a custodial parent does not violate the child's 14th amendment rights. Chief Justice Rehnquist argued that the state had no legal duty to protect Joshua because of due process clause does not require the State to protect its citizens from the action of individuals (Bussiere, 1997). As such, the state’s failure to protect the individual from private violence, as we can see in the case of Joshua Deshaney, in no way violates the due process clause.

This case is commonly known more for its dissent written by Justice Harry Blackmun, than the opinion. Blackmun exclaimed: “Poor Joshua! Victim of repeated attacks by an irresponsible, bullying, coward and intemperate father….now is assigned to live out the remainder of his life profoundly retarded (DeShaney v. Winnebago County Department of Social Services, 1989)”

He remained the ward of the state until the age of 12 when Richard and Ginger Braam adopted Joshua and changed his last name to Braam. He passed away on November 9, 2015. Joshua’s death is categorically one of the most discussed and highly disputed child abuse to go before the Supreme Court.

Ronnie Paris

The Department of Children Services in Florida removed Ronnie Paris from his parents care in May of 2002 following hospital admission for repeated vomiting,
malnourishment, and a broken arm. Following the completion of DCS and court-mandated training and conditions of the safety plan, the Department returned the child to his parents. However, the return in itself was not without controversy as the local press claimed that the inability of child services to find safe placement for the child was a breakdown of the child welfare system. Less than a month after the child returned to the family, he slipped into a coma after falling asleep on the couch at a family friend’s home while parents took part in a bible study.

Because of the suspicious nature of the child's sudden death, investigators began looking at the family in an attempt to identify a reason for the untimely passing of Ronnie (Associated Press, 2005; Gluck Mezey, 2000). Upon completing separate interviews with the parents, law enforcement officers discovered the grisly truth. Ronnie’s mother disclosed that her husband had repeatedly abused the child by slapping him in the back of the head, slamming him into walls, and forcing the child to participate in boxing matches with him until the child wept, shook and wet himself. At trial, the mother alluded to the fact that the father expressed regular concerns that the child would turn out “soft” or gay (Pitts, 2005). The Courts charged both parents for a host of crimes related to the death of the child, and each received jail time for the neglect and abuse that resulted in the untimely death of this child (Gluck Mezey, 2000; Pitts, 2005).

**Jordan Belliveau**

Jordan Belliveau, a two-year-old boy’s life was ended by his parents four months following a reunification attempt: this is in conjunction with warnings to the family and the state the day before the child’s death from the front line caseworker, that the concerns
mounting would need to be addressed or another removal was imminent, is concerning (Stringini, 2018). Due to a longstanding history of domestic violence and drug charges. Departmental involvement ordered Jordan removed from his parental caretakers when he was three months old. The court system placed him with a family in private foster care.

After losing the child, his mother Charisse Stinson secured and steadily held a job. She admitted to an anger problem and sought counseling (Varn, 2018). Both Stinson and the father appeared to be compiling closely with the case’s safety and permanency plan tasks and had maintained relationships with their local DFS caseworker, and service providers thus leading to a push for reunification. However, as everyone would find out later, child safety procedures were ignored. There was a lack of action on the part of DFS and an evident lack of communication on both sides (including the establishment of an August 2018 child abuse case, which occurred within a month of the child returning home) (Hetherington, 2018).

Following his reunification with the mother, there was a decline on the part of the parents to follow the safety plan. On August 31 Stinson was reprimanded for hitting her son, missing DFS meetings and counseling sessions. Less than 24 hours later, she reported the child as missing. With a kidnapping accusation, the state issues an emergency amber alert. Three days later, the child’s body was found in the woods behind a local sports complex, and Stinson confessed that she had hit the child and left him outside. The state has since charged her with first-degree murder (Sampson, 2018)
Why do these cases matter?

Each of these cases is different, yet there is a distinct similarity in each one. All three of these children died too young, and possibly in situations that state intervention could have prevented. Many blame the individual states’ Department of Children Services; however, this type of failure is too widespread to blame individual state-level child welfare entities. It is happening in every state regularly.

In some instances, a child can return home and never need a Social Services intervention again. Unfortunately, some children are returned to homes equally or increasingly more abusive than ones the department removed them from: tragically some stories end like those mentioned above. Seeing cases where families have had numerous departmental interventions or removals, one must ask the hard questions. Why are the preventative services unable to establish stability and safe environments in the home for these children? Why are children re-entering foster care regularly? What are the policies that are in place that are creating these repetitive cycles of abuse, removal, reunification, abuse? To begin to answer these, we have to start at the beginning. What is child abuse?

What is child abuse?

Child abuse is hard to define; let us imagine two different scenarios of an eight-year-old child riding the bus home after school and staying home alone until a parent arrives. In scenario one, the family is in extreme poverty. Their house is dirty; there are dishes in the sink; the child is cooking his dinner, and laundry is piled by the washer. While a single mother is working two jobs, her child is caring for himself.
The reader can picture that the mother is not there to cook for the child; at his age, he should be supervised in the kitchen regularly, which makes his use of sharp, hot, or dangerous kitchen machinery and equipment a safety hazard. The house is dirty: this is an environmental hazard. He receives no help with his homework, and that is educational neglect. Workers can note that the mother loves the child and feel for her circumstances, even if inadvertent, neglect exists.

In the second scenario, the child comes home from school to a family with two parents. By 6 o’clock one of his parents has arrived home. He/ she has cooked or brought dinner, straightened up the slightly messy house, and is making sure she prepares the lunches tonight, so the whole family is ready to go tomorrow morning. Following dinner and housework, they have retreated to their home office to continue working for the day. The child is left to watch television and do as they please before bed.

To a worker, this does not outwardly appear to be an abusive or neglectful situation. The family appears normal; like every other average family struggling to make hectic schedules work. However, this parent is also neglecting their child. They did not help them with homework, and the child has known learning disabilities that require extra work and dedication for success. They did not tell their child they love them and build them up with positive affirmation; instead, they barely acknowledge the child before returning to work. Lack of this loving environment is a form of emotional neglect.

Both of these scenarios show different kinds of neglect, and some are easier to define and to fix than others. Child abuse is hard to define because it looks different in every situation. The government regularly attempts to try and craft broad sweeping definitions and categories for natural delineation of the types of abuse. The federal
government passed legislation in 1974 that set the federal minimum for legal definitions of child abuse. Because congressional members are limited in their ability to see abusive behaviors and patterns, legislators rely heavily on the states legislatures and child welfare agencies to help define and label “abuse.” However, for families, service providers, and researchers that leads to some confusion as many states cannot agree on what is abuse, what rises to a severe level of abuse and what form of punishment or repair is acceptable when a worker has identified abuse.

A prime example of this is that in some states any form of physical discipline is seen as abuse, whereas in others it has been defined as a type of physical discipline that leaves a bruise or red mark (Fryer, Poland, Bross, & Krugman, 1988). I recall being told by a team leader at DCS that red marks did not rise to the level of abuse, only bruises. When further asked for further clarification, my team leader stated it was not in state policy. Instead, she insisted that it was a worker’s “judgment call,” and that it was her method of delineating abuse and discipline. Even though states have some autonomy over their statues and policies, they are required to meet and uphold the federal minimum definition and statutes for child abuse.

**Federal Definitions**

National legislation per the Child Abuse Prevention and Treatment Act of 1974 (CAPTA) sets the minimum definition of what rises to the legal qualifications of being child abuse. This piece of legislation guides states by identifying a minimum set of acts or behaviors that rise to the level of being child abuse. The law states:

“Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or
exploitation”; or “An act or failure to act which presents an imminent risk of serious harm (Child Abuse Prevention and Treatment Act, 1974).”

Per this definition, a child is anyone under the age of 18 who is not an emancipated minor. While CAPTA has provided definitions for child abuse and unique cases of neglect; it does not provide for any specific qualifiers of the other types of abuse. As such maltreatment, physical abuse, neglect, or emotional abuse definitions are all set by the individual states. Each provides their own civil and criminal statutes, as well as funding outside of that established by CAPTA and other federal laws.¹

**Tennessee Definitions**

The state of Tennessee’s statute regarding child abuse is inclusive. I have provided the law in Appendix A in its entirety. However, for the sake of brevity, this author will include individual sections and subsections here.

“Any person who knowingly, other than by accidental means, treats a child under eighteen (18) years of age in such a manner as to inflict injury…” and
“Any person who knowingly abuses or neglects a child under eighteen (18) years of age, so as to adversely affect the child’s health and welfare…” and
“A parent or custodian of a child eight (8) years of age or less commits child endangerment who knowingly exposes such child to or knowingly fails to protect such child from abuse or neglect resulting in physical injury or imminent danger to the child (Tennessee Code title 39- Criminal offenses chapter 15-offenses against the family part4- children, 2017).”

**Types of child abuse as defined by the Tennessee Department of Children Services**

As previously stated, there are many classifications for child abuse, and federal/state statutes could not possibly account for all of them. Nor can they account for the changes to society and technology that make new avenues and subsets of abuse.

¹Full text of the CAPTA Bill can be found at https://www.govtrack.us/congress/bills/111/s3817/text
possible. Since the federal government only sets statutory minimums, and state law either rises to that level or exceeds it, neither source explicitly defines what accounts for the varied types of child abuse. For clarity and implementation, each state’s Child Welfare entity takes it upon themselves to define and set parameters related to abuse not clearly defined by Federal or state statute. Tennessee’s Department of Children’s services breaks child abuse down into five major categories with numerous classifications under each. They are physical harm, neglect, sexual abuse, psychological harm, and child death/near death.

**Physical Harm**

Tennessee’s Child Welfare agency divides physical abuse into two core sections: First is physical abuse which is defined as “any non-accidental physical injury or trauma that could cause injury inflicted by a parent, legal custodian relative or any other person who is responsible for the care, supervision or treatment of the child (State of Tennessee Department of Children Services, 2017, p. 1).” Second is drug-exposed child which Tennessee defines as “a person who under the age of 18 who has been exposed to experiencing withdrawal from the use, sale, or manufacture of a drug or chemical substance that could adversely affect the child’s physical, mental, or emotional functioning…(State of Tennessee Department of Children Services, 2017, pp. 1–2)”

**Neglect**

The Tennessee Department of Children Services divides neglect into environmental neglect, nutritional neglect, medical neglect, educational neglect, lack of supervision, and abandonment. Each of these has a separate definition but has a common
thread. The overarching definitional similarities for this section is a “failure or refusal to provide necessary food, clothing, shelter, education, medical treatment, supervision and other supports necessary for the child’s well-being based on the age and developmental stages (State of Tennessee Department of Children Services, 2017, p. 2).

**Sexual Abuse**

Tennessee’s Child Welfare agency uses one classification of sex abuse and relies heavily on the federal statute to provide a sturdy undergirding. It reads “when a child who is under the age of 13 or was under the age of 13 when the abuse occurred or a child is age 13-18 and meets the relationship criteria per policy, and the child is involved in international sexual acts that produce sexual arousal and/or gratification for the perpetrator (State of Tennessee Department of Children Services, 2017, p. 4).”

**Psychological Harm**

Psychological harm, as defined by the Department of children services is a “repeated pattern of caregiver or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another’s need and may include both abusive acts against a child and failure to act…(State of Tennessee Department of Children Services, 2017, p. 5)”

**Child Death/Near Death**

Child death has two distinct options, as written in Tennessee’s Department of Children Services policies, death and near death. Child death contains three main definitions; “Any child death caused by abuse or neglect,” or “Any unexplained death of a child when the cause of death is unknown or pending an autopsy report,” or “Any child
death caused by abuse or neglect resulting from the parent or legal custodian/caretaker failure to stop another person’s direct action that resulted in the death of the child. Child deaths are always treated as severe abuse (State of Tennessee Department of Children Services, 2017, p. 6).”

Near-death is “a serious or critical medical condition resulting from abuse, neglect, or child sexual abuse as reported by a physician who has examined the child subsequent to the abuse or neglect (State of Tennessee Department of Children Services, 2017, p. 6).”

**Lasting damage from child abuse**

Child abuse has a direct impact at the time of the abuse, but also has an enduring impact that can follow survivors for the rest of their lives. From a well-established base of research readers can see that there is a direct relationship between child abuse and neglect and the adverse effects on adults (Briere & Runtz, 1990; Browne & Finkelhor, 1986; Kendall-Tackett, Williams, & Finkelhor, 1993; Kessler, Gillis-Light, Magee, Kender, & Eaves, 1997; Polusny & Foullette, 1995). Not only does this abuse directly affect their ability to cope with the world around them; it can also create longstanding substance abuse and mental health deficits (Horwitz, Spatz Widom, McLaughlin, & Raskin White, 2001).

Moreover, it typically also leads to interpersonal relationship deficits due to an inability to establish trust in relationships. According to Briere researchers agree that “sustained and early childhood trauma arising from a variety of forms of child abuse or neglect, can produce long-standing dysfunction of the self (Briere, 1992, p. 44).” Long term children tend to have more negative outcomes, mental health struggles,
substance abuse problems if they do not disclose and get closure during childhood (Briere, 1992).

**To disclose or not, that is the question**

Disclosure or lack thereof is one of the most substantial barriers when it comes to child abuse investigation. Most state entities and police departments must first have a disclosure on the part of a child, or witness account from a bystander before they can even begin to investigate abuse. Disclosures are hard to attain, especially from younger children, due mostly to an inability to accurately disseminate the information. For older children, the reason to avoid disclosure can be shame or self-guilt. Across the board for children, there can be several reasons not to disclose.

Age can play a significant role in the gathering of evidence. In most cases, the abuse happened weeks, months, and possibly years before anyone received knowledge. Since young children cannot always remember or understand a situation, they do not know to disclose. They may be able to remember that someone was “wrestling” with them and that SpongeBob was on the television, but they cannot give you a better time frame or details. Many times, I had children that described their abuse similarly. In the forensic interview, the counselor would ask broad, open-ended questions. They also use drawings of children and ask the children to indicate or circle the area that was touched. Age can be a particularly tricky variable to overcome, especially if the child is under the age of two and they lack the language skills to confirm or deny the abuse (McElvaney, Greene, & Hogan, 2014).

Some children do not understand the difference between good and bad touches, which is a teaching mechanism created by Erin’s Law. Since 2010 Erin’s Law has seen
implemented in schools across the nation, at last count, it passed in 35 states (“FAQ’s Erin’s Law,” 2019). Because some bad touches may feel good, children are generally confused and conflicted unless they know the difference.

Mental status adds another layer. If the child has cognitive defects or physical disabilities that limit their functioning; they may not be able to disclose due to a lack of understanding or communication skills. In cases like this recognition of symptoms on the part of the caretaker are critical to discovering and stopping the abuse (Lambert, Donahue, Mitchel, & Strauss, 2001).

Fear is one of the biggest roadblocks in child abuse discovery. Many times a perpetrator will scare the child by threatening bodily injury or death should they disclose. Sometimes the threat is not even to the child; it is to their friends or family. The child can also be scared of how a caretaker will react if they disclose. According to a 2005 study, children can perceive negative consequences from their parent, thus delaying a disclosure (Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005). Some are afraid that disclosure will lead to divorce or the loss of a step-sibling from home. Others fear that it will be a more substantial burden on the shoulders of their parent.

According to Rycroft (1968), shame is the “Cinderella of unpleasant emotions” (Rycroft, 1968). Child abuse creates a developmental trauma because it happens during the most formative years in a person’s life. As such, a trauma that early leads to misconceptions about the self and others. It will continuously threaten an individual’s sense of agency and self-esteem, increasing the risk of mental health problems (Bifulco & Morgan, 1998). According to Schore (2009), shame is embedded in the attachment system and occurs early in life in response to perceived rejection or separation from
caregivers (Schore, 2009). The earlier that a person experiences betrayal of trust by attachment character, the earlier there is a visualization of the path of self-shame (Hahn, 2000).

Children create attachments to caregivers; even if the categorization of the relationship would fail to be healthy: the child still bonds with and misinterprets actions or behaviors of the adult as love. Because of this bond, the child will oft times lie, or avoid direct answers in fear of consequences for the offender/family. They seek to preserve the relationships and family they know and trust. Throughout childhood, repeated abuse or long-standing abusive relationships can lead to secondary problems. Mental health issues, substance abuse, and problems establishing healthy interpersonal relationships are common complications.

**Common secondary problems attributed to childhood abuse**

*Mental Health*

There is a public stigma that is attached to mental health problems, even within an average population. This stigma has led to many people avoiding treatment and some turning to illegal substances to alleviate symptoms. The stigma is much worse for those who are survivors of childhood abuse. According to Briere (1992), adults with childhood histories of abuse are more prone to “major depressive episodes and to what the DSM-III-R refers to as dysthymia: a major form of depression characterized by chronic sadness and unhappiness, low self-esteem, self-blame and perceived helplessness (Briere, 1992, p. 30).” Aggravation of these mental health problems can be due to a lack of disclosure
in childhood. Later in life, the victim then suffers setbacks in their career or personal life. All of the trauma from childhood can resurface and cause the individual to spiral downward.

A longitudinal study that followed the impact of childhood abuse on the mental health of survivors over 20 years found that both males and females who were the victim of sexual abuse, physical abuse, or severe neglect showed higher levels of dysthymia and antisocial personality disorder than their matched control; women reported higher levels of long-term alcohol and drug use (Horwitz et al., 2001).

A recent study completed at the NIH in 2016 found that one out of every two children that were involved with the child welfare system met the criteria for at least one type of mental disorder. Furthermore, they found that 27% met the criteria for disruptive disorder 20% met the criteria for a type of conduct disorder, 12% fell into the oppositional defiant disorder category, and 18% were categorized as having anxiety or depression-related disorders (Bronsard et al., 2016). Each of these numbers is approximately four-fold the national average found within the healthy population.

Interpersonal Relationships

Child sexual abuse is considered a severe breach of trust for the child. Because of the severity of this breach research in the field has found it logical to assume that children who experience such abuse will experience difficulties in building and maintaining trust later in life (Briere, 1992). Clinical literature has suggested that child sex abuse has a significant impact on interpersonal functioning of the survivors (Briere, 1992; Briere & Runtz, 1988, 1990; Courtois, 1988; Herman, 1981; Jehu, 1988; Jehu, Klassen, & Gazan, 1986; Mullen, Martin, Anderson, Romans, & Herbison, 1994; Westerlund, 1992).
However, readers should know that there have been minimal empirical investigations into the relationships of child abuse survivors and their intimate relationships as adults. Briere (1992) notes that trust between two people requires “minimal defensiveness” and that survivors struggle to build that level of trust no matter the relationship “status as friends, lovers or colleagues (Briere, 1992, pp. 51–53).”

Some studies have shown a link between childhood sexual abuse and later involvement in prostitution or dangerous promiscuous activities; even if they do not become involved with prostitution, these survivors believe the assumption that sex is the best way to initiate an intimate relationship (Bagel & Young, 1987; Silbert & Pines, 1981). Some behaviors include unprotected sex with partners who have known STD’s and taking part in physically dangerous sexual behaviors that could result in permanent damage. For men, specifically, the perpetrator’s aggressive behavior breeds the same aggressive behaviors. Men then tend to use domination and violence to establish control in their interpersonal relationships (Sonkin, Martin, & Walker, 1985; Stordeur & Stille, 1989).
PARTIAL LEGISLATIVE HISTORY

There have been many laws and statutes passed regarding child abuse. It would be impossible to cover them all and adequately give measure to the critical features of each. As such, I have carefully chosen the most influential and impactful (both positively and negatively) to discuss. I will, however, provide a timeline of all of the significant legislative efforts in Appendix B Before we cover that we must first understand how the field of child welfare became a legislative issue to begin with

First child abuse case

The first foray of interest in the field of child welfare is attributed to Mary Ellen Wilson. Her child abuse case led to the creation of the New York Society for the Prevention of Cruelty to Children and set the foundation for what would become child welfare legislation (Regoli, Hewitt, & Delisi, 2012, p. 128). At eight years old Mary suffered injustices leading neighbors and community members to rally around this child who has no legal protections from her guardians; At this time in history, there was no law or regulations that protected children from any abuse (Harfeld & Marlowe, 2017). The only statutes that existed were those that protected animals for cruelty. Since no path existed for the foraging of a child abuse case against Mary’s family, the community used the legal means at their disposal.
Two people, in particular, are given a great deal of credit for this case: Etta Wheeler, a social worker and Henry Bergh, the founder of the American Society to Prevent the Cruelty to Animals. They filed Mary’s case under the statutes related to animal cruelty. They argued that because Mary Ellen was a member of the animal kingdom, she was deserving of the same protections given to animals. Under the legal umbrella of animal cruelty laws, the state found the child eligible for removal because that is the punishment for " an act that caused unjustifiable pain to any, horse, mule, cow, cattle, sheep, or other animal"(Shelman & Lazoritz, 1998). With state statutes on their side, New York sided with Wheeler and Burgh and chose to remove her from her guardians (Nelson, 1984). Listed among the complaints against her guardians were: severe beatings, insufficient food, forced to sleep on the floor, lack of weather-appropriate clothing, and being locked and left in a darkened room(American Humane Society, 2011; Myers, 2008). While this was the first noted case of child abuse in U.S History, it would not be the last.

However, after the 1870s, child abuse mostly fell from public interest. Historically child abuse is seen as a “private issue.” This idea that it is not a public issue was the standard viewpoint until the 1960s; it led to churches, schools, and neighbors feeling they had no business interfering in the problems in the home (Hacking, 1991, p. 259). In 1962 a highly influential publication called “Battered-Child Syndrome” by Henry Kempe appeared in the American Medical Association Journal. Following its publication and widespread acceptance, all 50 states rushed to pass legislation that would mandate the report of knowledge of child abuse. An amendment to the Social Security
Act required all states to include child protection in their child welfare systems (Children’s Defense Fund, 1998; Myers, 2008).

According to Barbra Nelson (1984), the rapid push to pass the legislation was due to the "absence of monetary or political cost" paired with the symbolism of the issue at hand (Nelson, 1984, p. 31). Deborah Stone (1989) argued that the vital element that changed over time was the public’s acceptance of child abuse. As mentioned above, the idea of the treatment of children had gone from a private matter to a public one. Especially since there were no reports of abuse happening in public places (Stone, 1989). Nelson reports that subsequently that Congress was remarkably absent on the topic of child abuse for the first two-thirds of the 20th century. Even though there was media coverage of abuse that it never sparked the government to take action, except in those cases that went to court (Nelson, 1984).

Individual states made changes and worked diligently to pass laws to stop child abuse. Specific bills managed to garner hearings regarding child welfare, but Congress as a whole remained absent from the discourse until 1973. In late 1973 and early 1974, the US government took a hard look at the issue. Senator Walter Mondale wrote that “Nowhere in the federal government could we find one official assigned full time to the prevention, identification, and treatment of child abuse and neglect” (Myers, 2008, p. 452). After Mondale’s tremendous effort, congress took on the mantle of trying to end child abuse and passed the Child Abuse Prevention and Treatment Act of 1974 (CAPTA).
Major U.S Legislation

Child Abuse Prevention Act of 1974

CAPTA was the first bill of its kind. It was the first major push by the federal government to establish guidelines for the fair treatment of a child. It established rules for the prosecution of behaviors that meet the definition of child abuse. Also, it helped establish some of the punishments for people convicted of child abuse. Before the implementation of this policy, the government had been minimally involved in child welfare and took a hands-off approach in dealing with the delicate issue. Passage of the 1974 Child Abuse Prevention and Treatment Act created was primarily credited to Congressional findings showing that near 1 million American children were victims of abuse and/or neglect each year; the majority of those, the report illuminated, failed to receive adequate protection or treatments (“House ways & means committee,” 1998).

Since the implementation of CAPTA, there have been significant changes in every aspect of child abuse. One important thing to note about CAPTA is that this piece of legislation does not require mandatory reporting provisions. Instead, it requires states to pass their mandatory reporting provisions in order to receive federal grants (Brown & Gallagher, 2014)

Numerous reauthorization and amendments have followed the successful passage of this bill. This law provides federal funding and guidance to states in support of the prevention, assessment, investigation, prosecution, and treatment activists, provides grants to public agencies and nonprofit organizations for demonstration programs and project, establishes the office on Child Abuse and Neglect, establishes a federal definition
for “child abuse” “sexual abuse” and in 2015 was amended to include a child who is identified as a victim of sex trafficking or severe forms of trafficking in persons.

Following the success of CAPTA, there has been a multitude of both federal and state statutes enacted to deal with child abuse in all its many facets. One of these has been the Adoption Assistance and Child Welfare Act of 1980.

**Adoption Assistance and Child Welfare Act of 1980**

Enaction of the Adoption Assistance and Child Welfare Act occurred on June 17, 1980, with the express purpose of establishing a program that strengthened adoption assistance and foster care programs for dependent children. However, in order to be eligible for payments under this type of program (aid to families with dependent children, aid to child welfare services and other types of funding that fall under the social security act), each state must provide a plan that is approved by the Secretary of Health, Education, and welfare which has 4 key components. First, the state agency that is responsible for administering part B of Title IV takes on the responsibility of administering the program established by the act. Second, an audit must be performed at least every three years under part B. Third, administrative, personnel, reporting, and benefit standard requirements; and last, the use of “reasonable efforts” to prevent the removal of a child from his or her home paired with the possibility for the child to be reunited with their family (Adoption Assistance and Child Welfare Act of 1980, 1980).

**Adoptions and Safe Families Act of 1997**

The Adoption and Safe Families Act was signed into law on November 19, 1997, in an attempt to correct problems in the foster care system that deterred the adoption of
children with special needs (Title IV-E foster care eligibility reviews and child and family services state plan reviews, 1988). The problems that this act primarily addresses is credited to the inspiration provided by earlier legislation; Specifically, requirements are written into the Adoption Assistance, and Child Welfare Act mentioned above (O’Flynn, 2000). A need for changes led to many of the subsections housed in this legislation. Major provisions of this law include: states must move towards the termination of parental rights for children who have been in foster care for 15 out of the last 22 months, yearly permanency hearings, clarifications to interstate adoption that were delaying adoption (O’Flynn, 2000)

Many of the bills and statutes that have been enacted help addressed the problems of child abuse on the back end. One of the largest and most influential and well known is the Adam Walsh Child Safety and Protection Act.

Adam Walsh Child Safety Act

Unlike some of the other law and statutes enacted for child welfare, this bill was not a solution for catching child abuse before it happened; especially not for its namesake. The law is named after Adam Walsh who was abducted at a major department store in Hollywood Florida in July of 1981 (Freeman & Sandler, 2010). 2 weeks after his abduction his severed head was found in a drainage ditch. His story became a national sensation as his family set about to become advocates against child abuse and abduction (A. J. Harris & Lobanov-Rostovsky, 2010).

---

2 There are certain exceptions which can be found in the full iteration of the bill to be found at https://www.govinfo.gov/app/details/PLAW-105publ89
The Adam Walsh Child Safety Protection Act was signed into law by President George W. Bush in 2006. It organizes sex offenders into three tiers and creates mandates for each. Tier three (the most serious of the offenses) must update their whereabouts every three months with registration on the child sex offender registry that lasts the duration of the perpetrator’s life. The second tier offenders must update their home of record every six months, with 25 years of registration requirements. The first tier offenders, the least serious, must update their location every year with 15 years of registration required (Adam Walsh Child Protection and Safety Act, 2006). In addition to creating the tier system, this law also creates the sex offender registry and holds the civil commitment provisions for sexually dangerous people.

Federal legislation has concerned itself profoundly with the prospect of reunification and reasonable efforts, but the forethought for this is safety. Once the family has shown the courts and child welfare worker that safety concerns that necessitated the removal have been addressed; the process of making sure the child’s well-being and permanency can begin to be addressed. As safety is paramount, the other items that contribute to the overall welfare of the child take a backseat until safety is assured. Legislation such as those acts and laws listed above clearly show the government taking an interest in the safety of the child, before any other concern.

**Significant Child abuse legal action and legislation in Tennessee**

**Brian A. Lawsuit**

In 2000 a class action lawsuit was brought against the state of Tennessee, due to failures on the part of the state to protect children that were in state’s custody. The class action was brought on behalf of 8 children who suffered severe physical and
psychological harm while in foster care. While this case named specific children as the plaintiffs, it included all children who were in or would come into state custody. The case alleged that there was systemic failure to protect Tennessee’s most vulnerable children. It also brought a claim on behalf of African American children in foster care stating that there was a “harmful impact” on children of color due to a failure to provide protection and services (Brian A. v. Haslam, 2001). Two examples of the treatment of these children and the abuse they endured at the hands of caretakers and other children while in Tennessee’s failed foster care system can be felt through the testimony of the defendants Brian A. and Tracy B.

Brian A., one of the namesake plaintiffs, spent more than eight months in an overcrowded emergency shelter in Memphis, Tennessee. During his time there, he was exposed to children who had accusations of sexual assaults and other violent crimes. During his stay in this questionable placement, he was also not given access to essential mental health treatment, casework services, or education. The denial of these services caused outrage from the public on behalf of this child.

Tracy B., another child, spent the first year of her time in foster care, moving from home to home. In that short one year span, she was in 15 different homes because the state lacked appropriate foster homes. These issues brought to light a multifaceted failure of the child welfare agency. It created public knowledge that the foster care system in Tennessee was removing children from questionable and abusive homes and placing them in equally unsafe and abuse homes as a ward of the state.

The case was settled in 2001, over a year after it was filed, with a court-approved settlement agreement that would attempt to improve the infrastructure and outcomes for
children at DCS vastly. Because the state made little progress toward compliance by 2003, there was a complaint filed, and Children’s Rights asked the court to intervene. The intervention resulted in a stipulation that required Tennessee DCS to work with a court-appointed panel of five national child welfare experts known as the “Technical Assistance Committee” (TAC) (Brian A., ET AL. V. Donald Sundquist, ET AL., 2003).

The TAC task is to monitor DCS performance and file modified settlement agreements and exit plans. These exit plan recognizes the state’s progress and set out other requirements that Tennessee needs completion of in order to end court involvement. Tennessee suffered yet another setback between 2011 and 2013 with massive scandals and public scrutiny related to workers inability to complete casework promptly. This second public humiliation led to changes in leadership numerous times. Since Brian A, Tennessee’s Department of Children Services has had no less than 8 Commissioners. The meaningful changes that have been established by this lawsuit are a drastic reduction on the reliance of non-familial placements, lower caseloads for foster care worker in order to meet compliance from the consent decree, and a new child death review process (September 2015 modified settlement agreement and exit plan, 2015)\(^3\).

Following 2014 the state received a boost in federal funding to try and gain control of it’s failing Child Welfare entity. After a lengthy time in both state and national news, Tennessee managed to begin making the necessary changes to shift the story to their successes instead of failures. Tennessee remained under consent agreement until 2017, when TAC and the court system both agreed that the department had undergone the

\(^3\) The entire set of document related to Brian A. V. Sunquist/Bredesen/Haslam is available at https://www.childrensrights.org/class_action/tennessee/
necessary changed to ensure that children were being kept safe. Following Brian A. there have been many attempts by the state to legislate departmental policy that would ensure better outcomes for children and families in Tennessee.

Much like federal legislation, Tennessee focused on safety as the primary concern for children. The result of the Brian A. Lawsuit is that children did not leave an unsafe home, only to be placed in an unsafe home. By ensuring that children are placed in safe foster homes, the state has attempted to decrease the amount of re-victimization that these children experience and increase positive outcomes for their welfare.

**Tennessee HB 704/SB 2315**

In 2005 while still under consent agreement due because of the Brian A. lawsuit, the Tennessee general assembly offered two significant pieces of legislation that helped shape the state’s foster care system. First was House Bill 704.

HB 704 forced the Department of Children Services to create and implement services that would allow disabled and elderly family members to take part in the Relative Caregiver Program (State of Tennessee, 2005). The Relative Caregiver Program allows a child to enter into a relative’s care instead of the state. Thus keeping the child out of foster care, and instead with someone they know and have an established relationship with. This law is particularly helpful when: children are abandoned, both parents have died, a parent is incarcerated, or when removal cannot be avoided due to abuse or neglect.4

---

4 Full information regarding relative caregiver program in Tennessee available at https://www.tn.gov/dcs/program-areas/fca/relative-caregiver.html
Before this bill, the program had only been piloted for a two year trial period in the Shelby, Davidson, and the Upper Cumberland regions which encompasses 16 counties (Tennessee Department of Children’s Services, 2016, pp. 2–3). This act, which was created to expand the efforts of the program state-wide, took effect on July 1, 2005. Between 2005 and 2015, the state of Tennessee had seen a steady decrease in the number of children that require foster until 2016. With the current opioid crisis, the state is now publishing reports that less than 50% of the foster children that are entering care can be placed with a relative (“TN Stats,” 2016). Tennessee is currently second for opioid prescriptions nationwide, coming in only behind Alabama (Center for Disease Control and Prevention, 2018b). With the opioid epidemic as widespread as it is, relative placements that can meet all the requirements have become hard to locate.

SB2315 was the year’s appropriations bill for the session. It set the funding from 2004-2006. Within the bill, there was a subsection that earmarked $1.25 million to fund and expand and disseminate the relative caregiver program. Until this bill passed, the Relative Caregiver Program was only being utilized in the most densely populated cities and regions in Tennessee. This funding expanded it to Hamilton and Knox counties, and Northwest and Southwest Regions (Tennessee Department of Children’s Services, 2016, p. 3).
CHAPTER IV
WE WANT TO SOLVE CHILD ABUSE, BUT WE CANNOT

Child abuse is multifaceted, as pontificated on above. The field relies heavily on stakeholders to come together to create successful outcomes. There is not a one size fits all definition or solution. Instead, we are faced with solutions that are just as hazy and ambiguous as the parameters. However, as rational human beings, we want there to be a “right way” to manage and solve this problem. In this chapter, I will cover three key reasons that we cannot solve the problem of child abuse.

First is the idea of a wicked problem. Chapman (2004) highlights the idea that policymakers and managers want to believe that the outcomes of intervention policy are predictable and that the organization they are working in can be controlled (Chapman, 2004, p. 21). However there has been much research to show that the issue of children is a “wicked” problem—and no matter how rational we are; or how well thought out the solution is we cannot prevent the occurrence of irresolvable issues (Devaney, 2009; Forrester & Harwin, 2008; Head, 2008; Pugh, 2007). These issues date back to the 1970s when Rittel and Webber coined the phrase “wicked problems” to describe a group of problems that defy solution, even with the best social planning.

Second is the theory of implementation. Pressman and Wildavsky (1984) defined implementation as “to carry out, accomplish, fulfill, produce, complete (Pressman & Wildavsky, 1984, p. xxi)” This definition has been used to explain the role of public
servants. In their research, they discovered many impactful findings. Their concept that the policy process is unidirectional but breaks down the classical dichotomy in public administration is groundbreaking. By stressing the importance of the close working relationship between the policy design and the implementation; the authors show the inability to divide the politics from the administration.

Last is Principal-agent theory and a critique of some of the most popular tools being used to help track child welfare, specifically the Structured Decision-Making model (SDM). The SDM is a suite of assessment instruments that suppose “safety and wellbeing for those most at risk” (National Council on Crime and Delinquency, 2019). The program was designed initially in child welfare and juvenile justice and since has expanded into foster care and adult protective services. The model is said to combine research with best practices, offering a “framework for consistent decision making” (National Council on Crime and Delinquency, 2019).

**Child Abuse is a Wicked Problem**

As previously mentioned, there are problems that as much as we would like to fix, we just cannot. Not because there is a lack of support, solution ideas, or resources; instead, it is because we cannot stop things are unimaginable. Some outcomes, as much as we would like to believe could have been different, are just unstoppable. Despite best efforts, we cannot stop the night from coming or the tide from waning, and we cannot stop child abuse, no matter our efforts. We can reduce and minimize it, but we cannot stop it.

According to Rittel and Webber (1973), “The search for scientific bases for confronting problems of social policy is bound to fail, because of the nature of those
problems. They are ‘wicked’ problems, whereas science has developed to deal with ‘tame’ problems. Policy problems cannot be definitively described. Moreover, in a pluralistic society, there is nothing like the indisputable public good; there is no objective definition of equity; policies that respond to social problems cannot be meaningfully correct or false, and it makes no sense to talk about ‘optimal solutions to social problems’ unless severe qualifications are imposed first. Even worse, there are no ‘solutions’ in the sense of definitive and objective answers (Rittel & Webber, 1973, p. 160).”

Authors pointed out that in attempting to solve one wicked problem may lead to solutions that solve a portion while revealing another more complex problems. Rittle and Webber pointed out specific characteristics that help differentiate a tame problem from the wicked ones5: First there is no definitive formulation of a wicked problem, which means that often the problem is not just one issue. It is a tangled web of interlocking components that are not extractable.

You can see the tangled interrelated problems can that makeup child welfare by looking at the mission statement from the Tennessee DCS vision and statement: “Tennessee’s children and youth are safe, healthy and back on track for success (Tennessee Department of Children’s Services, 2016).” These items can be in direct conflict with one another. What might be the safest situation may not be the healthiest for the child’s mental status and vice-versa. Extracting one problem from another leads to an exceedingly difficult time trying to define what the wicked problem is precise.

Second, wicked problems have no stopping rule. Since we cannot clearly define the problem, there is no way to craft an acceptable solution (Rittel & Webber, 1973).

5 Rittel and Webber had 10 definitive characteristics in total.
You see can see this clearly with intervention services. We know that 23% of children in Tennessee have experienced 2 or more Adverse Childhood Experiences (ACES) in their lifetime (Tennessee Commission on Children and Youth, 2016). Additionally, an alarming 47% of children in the state in 2016 were considered economically disadvantaged. Despite knowing this one out of every four children still lives in a home where food security is an issue. The state has the numbers and figures, yet we still lack an intervention system that can meet the needs of this most vulnerable subsect of the child population.

Third, solutions to wicked problems are not right and wrong. Stakeholder’s involvement leads to a wide range of values and goals. There is no question that all of the players share the idea that child abuse is wrong; the question comes when trying to decide which solution is the best fit. While they all share the common goal of wanting to make the field of child welfare better, some are interested in judicial reform; others show concern with state statutes that are too broad. Because of the cross-cutting cleavages within the stakeholder groups, the advocacy base divides the vote on which solution is best. According to Rittel and Webber (1973), No solution is right or wrong. Instead, some are better or worse for the current variables currently under investigation.

Lastly, every wicked problem can be considered a symptom of another problem. You can see this clearly when looking at child protective services. This problem interrelatedness is due to a dynamic social context that causes one wicked problem to trigger another. One can note this phenomenon when looking at a parent with a multitude of adult problems. Unemployed, overworked, underpaid, and burnout these are all problems that an adult may face in regards to employment. Parents must remain
employed to make money in order to feed, clothe, and shelter their child. The stress from any of these can cause a domino effect in the adult’s life eventually impacting the child’s life. What starts as irritation can lead to substance abuse, or anger management problems, or neglect. What started as a parent doing their best to provide for their child, can end with a visit from Children Services.

All of these characteristics come together like the perfect storm. Lack of clear and defined boundaries as to what constitutes child abuse, paired with differing core values and goals within shareholder groups leads to a wicked problem. Adult problems are stacked like a game of Jenga and tend to end much the same way as actually playing Jenga.

Things seem fine for the first few moves, and then someone bumps one of the pieces with their thumb. That bump is not enough to make the tower fall, but it causes damage to the structural integrity. Another bump and the tower is leaning; one more and it collapses. Adult problems are those individual pieces. One problem and everything is stressed but workable, second problem things become hairy, and progressively the problems build up until the tower collapses⁶.

**Implementation**

In the late 1960s, society became increasingly concerned with the effectiveness of policy and governance. Many of the studies dedicated to implementation have used a top-down lens to investigate the phenomenon of policy implementation. Use of this lens fosters a theory that implementation flows down in a hierarchical pattern from the

⁶ The author intends to further explore this idea in future research
policymakers. Following passage and approval, the policy is then handed off to the administrators for interpretation and implementation. Many evaluation studies have focused on the problems with implementation, and have highlighted the factors that led to a failure of implementation. They include a lack of clear policy objectives, too many actors and agencies involved, and value and goal differences between the actors. These have been researched and explained in-depth (Dunsire, 1978; Hanf & Scharpf, 1978; Hood, 1976; Pressman & Wildavsky, 1984; Sabatier & Mazmnian, 1979).

**Pressman & Wildavsky’s Framework**

In the 1970’s Jeffery Pressman and Aaron Wildavsky piloted a groundbreaking study looking at implementation. For their research, two studied the economic development agency (EDA) projects in Oakland, California. The federal government funded the projects in 1965. The objective of these projects was to stimulate the economy of Oakland that was mostly unemployed African American constituents. Four significant projects fell into under the EDA project umbrella: an airport hangar, a marine terminal, a port industrial park, and an access road to the Coliseum (Pressman & Wildavsky, 1984).

From the beginning, the project appeared to on track for a successful outcome. Funds were appropriated, goals set, and employment plans were created. Implementation led to several problems with the project. In the 1970s, the entire project was scrapped and declared a failure. Despite the project being a failure, Pressman and Wildavsky learned a great deal from their study.

First, they discovered that the implementation of the EDA policy would have always been difficult due to multiple goals and decisions paths. Sabatier and Mazmnian
argued that changes in socio-economic conditions could affect perceptions of the importance of the policy and that a change in the political support for the allocation of scarce resources leads to failures (Sabatier & Mazmnian, 1979, p. 549). Increasing levels of both decision-makers and decisions paths increase the level of failure, which is the second take away from this study (Pressman & Wildavsky, 1984, p. 75). Second, are the correlating number of decisions and program success. By adding more decisions, you increase the likelihood of failure. You also increase the likelihood of disagreements among decision-makers, which is the third point of their work.

The third is about the intensity of the participants, and the disagreements that they engage in. Over time any policy issue or problem tends to go through cycles. Anthony Downs addresses this in his 1972 essay. In it he argues that “problems suddenly leaps into prominence, remains there for a short time, and then—though still largely unresolved—gradually fades from the center of public attention (Downs, 1972, p. 38).”

Authors pointed out two more significant findings from the EDA Oakland project bargaining and going outside the bureaucracy. Bargaining refers to the delays that the project suffered. Disagreements over the best methods of implementation led to departments showing bias on projects or programs that would directly benefit specific agencies. With the implementation of a policy, there is a tendency on the part of the government to create new organizations to assist with implementation. These organizations, in essence, hire, fire, establish guiding principles, and established rules that conduct the work for the project. In the EDA Oakland project, they found that the creation of the Oakland Task Force as an independent organization added to the problems creating another roadblock that helped delay implementation.
Principal agency problem

Principal Agency theory is the dilemma that occurs when a relationship has arisen between two or more parties, and one person or entity tasked with decision making on behalf of, or that impact another participant (Ross, 1973). In child welfare, the street level-bureaucrat, which is a representative of the government serves as the agent. The parent serves as a second agent, and the child serves as the principal. This can get more complicated as more stakeholders join the discussion. For this dissertation, we will focus on the relationship that these three entities have while navigating positive outcomes for children.

Because there are numerous players, there is a problem of interest and information asymmetry between the parties. The government cannot observe the actions taken by the parent. Instead, they can only infer the outcome of those actions (Cigno, Luporini, & Pettini, 2003). Law of the agency requires that the agent should act in good faith vis a vis the interest of the principal (Ross, 1979). However, since children are incapable of defining their interests and the problems that arise in defense of said interests. Because law ascribes parents the duty of taking care of the children, we have principals that cannot supervise the agent; thus, we have agents in charge of the principal. Due to a lack of information on the part of the children, a wrong decision in the relationship can be costly. Child abuse, as previously discussed, can cause lasting permanent damage. When the family fails, the state must intervene with the responsibility to defend and protect the rights of those under its jurisdiction. According to North (1990), “Third-party enforcement is never ideal, never perfect however, neither
self-enforcement by parties nor trust can be completely successful…A coercive third party is essential (North, 2011, p. 35)”

This need for the state to intervene can be a slippery slope; however, in order to keep every part of the process precise, we have rules, training, and independent judicial reviews. Restructuring of Tennessee’s Department of Children Services over the past 20 years has created a statewide system that is heavily dependent on training and departmental and judicial review. The state must rely on a set of decision-making mechanisms and workers to ensure that policies being implemented best serve the interest of the child. The relationship of the state stepping in as an agent, when the parent is unable or unwilling to meet the child's needs and the child serving as principal will be a recurring theme throughout the rest of this discourse.

**Tennessee’s DCS structure**

The Tennessee Department of Children Services is an umbrella entity that houses many services that benefit the children and families of Tennessee. They offer services to families that are at risk or have already come into contact with social services. Cases where the family only require services are referred to as resource linkage cases. In them, the family is linked with a needed service. Also, the department of children services houses the Child Protective Services, Juvenile Justice, Foster Care, Placement, and Kinship. All of these subsects of the Department of Children’s Services work together to ensure that a child is give the best possible shot at a positive outcome. While these sub-departments are separate, they work together when removal is unavoidable. From start to finish, there are many decision-makers involved in the work that the department conducts.
Structural demographic breakdown

Tennessee has 95 counties that make-up 12 distinct regions in the Department of Children’s Services; there is also a 13th office that is considered the central office. A map of the You can view the regions and counties that fall into them in Appendix B (Tennessee Department of Children’s Services, 2018). Most of the counties have their own DCS office. The counties’ Children services office is housed in the same building as the County Human Services office. Commonly, meetings between workers in the region are referred to as cluster meetings. While employed at the Department of Children Services, I remember all of the protective service workers driving or carpooling to the primary office for their region, and attend a mandatory training or meeting. Foster care, Juvenile Justice, and the other subsects of the department also have separate clusters.

Cluster meetings are put together by the various team leaders through the region. These meetings are designed to solidify teamwork and strategies for handling cases. So while you are singularly working a case, you can still rely on your team to help. Child welfare is a tag-team sport and requires a commitment to the children and families from every person in the department. Most counties in Tennessee have two investigation workers, four assessment workers, and a team leader. Our team covered 2 ½ counties as such you could work in the office in any of the counties in your region (if you got lucky enough to sit down and work for any length of time). Our team consisted of 2 investigators, four assessment track workers, and a resource linkage worker. You regularly work with the other teams in the office, such as Foster care and include them when making permanency decisions; however, they are not part of the central Child Protective services team for the county.
Every decision you make goes up the chain of command. When you first begin investigations, you check in with your team leader or your cluster leader. If you have a situation that is a possible removal, you call your team leader who calls legal. Then legal contacts your cluster leader and you begin assembling a Child and Family Team Meeting (CFTM) to handle the removal and placement. At this point, the other teams in your office will begin working with you to ensure positive outcomes. My CFTM usually consisted of the family, their supports, a facilitator, a team leader, a foster care worker, service providers, and a legal representative for the department.

Understanding how the Department is structured is vital to understanding how the process of investigated abuse works from start to finish. Knowing that there are regional clusters, and unique county-level teams help to understand the individual level of implementation and decision making in the department. To begin with, we have the occurrence of abuse, a report, and so begins the intake phase.

**Intake**

What happens when child abuse is suspected? Once a citizen has noted a possibility of abuse occurring, they should call that state or national child abuse hotline and, the decision making, and implementation models begin. During the call, an intake worker collects data from the caller to ascertain whether or not there is enough evidence to warrant a case. Several reasons cause a case to be screened out; first is lack of information.

There can be any number of critical pieces of information missing, where the child(ren) can be found currently, the permanent address, name of the child(ren) or alleged abusers, and demographic descriptors. Sometimes, there are cases where a video
showing child abuse is posted on a social media website from another state, and a report was filed locally; despite no information other than the video the people report the abuse. Many times this will be screened out, but not always. IN Tennessee when we had a cluster meeting regarding these videos. Numerous times they had been screened in because of the abuse they depicted, yet upon receipt of the information the worker discovered this was not something happening in Tennessee, nor was there enough information for the state to proceed.

Cases can also be screened out if there is evidence that there is no need for Child Protective Services intervention. Sometimes this case will receive a resource linkage case referral, instead of a child abuse investigation case. In these cases, a service provider will reach out to the family with proactive services which the family can refuse. Resource linkage, however, is usually a last-ditch attempt to avoid a later entanglement with the Children’s services (National Council on Crime and Delinquency, 2015).

If there is a need for law enforcement instead of Children services, then the intake worker can also make that delineation. If this happens, the case is handed off to local law enforcement to ensure that everyone involved is safe and unharmed. Oft times, when this happens, law enforcement will respond to the case, call back into the hotline with full information and the case will be screened in. Many times I received a call from law enforcement they had called a case back in and was on the scene by the time my department received the case.

Sometimes the event reported is accidental and can be proven if this is the case it may be screened out. We have all seen those cases in the paper or on the news where a child dies in a tragic accident. Inevitable someone always calls the Department of
Children Services (better safe than sorry) however, if the intake worker can tell that there is no actual malice involved they can screen the case out and let the family grieve, and other emergency workers can handle the accident appropriately.

The last way that a case can be screened out is if there is a lack of evidence that any abuse has occurred. Sometimes this is when people mistake actions that do not rise to the level of abuse, as abuse. Occasionally a call will be received from a parent that is non-custodial and would like the Children Services to award them custody. It is an attempt to avoid involving the courts. However, Children Services cannot award custody; their job is to remove and temporarily place the child if there is a clear and present danger. Following a court hearing, the judge will award temporary custody with another caretaker if the custodial parent cannot or will not protect the child from (National Council on Crime and Delinquency, 2015).

**Priority level and track assignment**

If the case is screened in, it can come to the department in several different ways. First, they must decide if: the child already has a case, if the child is in custody, if the child qualifies for the special investigation unit, if the child has previously received an investigation with the department, or if this is the first time the child has received a report. Once that has been established, the intake worker must comb through the information and make two decisions; how urgent is the case and which track should the case be assigned.

---

7 Full Flowchart available in appendix b
There are three different levels of urgency, called priority levels. Priority one (P1) cases trump anything else the worker is doing; except another priority one, or a court hearing. I received two P1 cases at one time, another worker handled the initial investigation and started the removal process on one case while I handled the other. Priority one cases require an immediate response. It means that the child is in imminent harm; this can range from still being in the care of the alleged perpetrator, exposure to drugs, or bodily harm that resulted in catastrophic injuries that require immediate medical attention.

Priority two (P2) are considered pressing, but less so than the priority one; these cases must receive a response within 48 hours. P2 cases are usually those in which the parent has taken precautions to ensure that the child is protected, but the threat is still present. A case can also receive a Priority 2 classification if a parent will be exposing the child to drugs or the sale of drugs within two business days.

Priority three (P3) cases are those that are stable and not currently at risk for becoming pressing. Response time is three business days, and the other descriptors of this priority level are very similar to the P2 case. In addition to establishing the priority level, the intake worker also decides what track the case goes to (National Council on Crime and Delinquency, 2015). There are two tracks: investigation and assessment.

Investigation track cases are considered the more severe types of abuse including but not limited to: child fatality, near fatality, sexual abuse, severe physical abuse that has resulted in severe injuries, meth lab, and drug-exposed child/infant. Cases that receive this designation are typically expected to result in removals or court hearings if allegations are substantiated.
Assessment track cases are those cases that are considered less severe types of abuse, including but not limited to neglect, environmental hazards, educational neglect, minor physical abuse, medical neglect, and over discipline. The vital thing to note is that a case can be “bumped up” from assessment to investigation but not the reverse. A case can increase in severity once a worker has visited the family and established the parameters of the case; but if a case comes in as an investigation, it cannot be downgraded to a less severe case and switched to an assessment track (National Council on Crime and Delinquency, 2015).

Investigation

Once a case has received a track designation, and a priority it the case is assigned to a worker and the full report comes down the “tree.” The worker who is assigned the case will receive notification from regional case assignment workers, their team leader, or if it is after hours, they will receive a phone call directly from the intake service. Now the worker will begin investigating the case. The worker must make three “good faith” attempts to locate the family. If they are unable to locate the family, following the three attempts, they can close the case as unable to locate. If they do locate the family, the real work begins (State of Tennessee Department of Children’s Services, 2015).

The caseworker will first speak to the victim, if at all possible. If that is a possibility, they will ask the victim questions to ascertain the possibility of abuse. They do their best to ask questions that are not leading or coercive. However, sometimes with young children, especially, there is a lack of understanding of the line of questioning on the part of the child. Sometimes you do not receive a clear disclosure, but there are enough indicators to indicate further investigation is necessary.
At times the worker will then contact the reporter if they did not choose to remain anonymous. I should state, the worker NEVER discloses the reporter. When the worker calls the reporter, it is usually for clarification or further information. Depending on the location of the interview with the child, the social worker might interview other people who have interacted regularly with the child such as the principal, teacher, teachers’ aides, or the guidance counselor to see if anyone has any further information about the child. If the child is not school-aged or receives homeschooling, the worker will speak to the parents and begin the official paperwork. Standard cases official paperwork consists of several consent agreements, background checks, and HIPPA agreements (State of Tennessee Department of Children’s Services, 2017, 2018a).

If the parent is not the alleged perpetrator, the parent is given necessary information from any disclosure the child has made. The parent is then questioned and asked about the perpetrator. If the parent is protective of the child and agrees to no further contact with the perpetrator, then the child can remain in the home with a safety plan, services, and a possibility of future interviews, forensic interviews, court hearings, and Child and family team meetings. If the parent is not protective, for whatever reason, there are multiple outcomes possible. The child can be removed and placed in a kinship placement.

Kinship placement is either a friend or a family member that is well known to the child. If there is a non-custodial parent, they are the first option. Because we are removing a child for an allegation of abuse, the department has a mechanism in place to make sure that the child does not go from one abuse home to another. As such, the person who will be taking the child, and everyone in the household must complete a
thorough background check, criminal background check, urine drug screening, and a home study. Small criminal events from the past can be overridden; however, anything related to drugs, abuse or mistreatment of children, domestic violence, assault, battery, or other charges that implicate violence will result in a failed placement. As previously mentioned the high amount of opioid usage in Tennessee has decreased the number of approved kinship placements.

If the other parent is unable, or unwilling, then we look to other friends and family also within the umbrella of kinship placement. These placements must be approved via DCS after a thorough background check, criminal background check, urine drug screening, and a home study; but can be the best option for the least obtrusive event to the child’s life. Unfortunately, many times, this does not work out. Sometimes it is due to past criminal activity, other times a failed drug screen, sometimes they lack the physical space in the home for the child. If this does not work out, the child can enter state custody and go to a foster home. Once a child has entered foster care, the family will have to work hard to regain custody. If the case is severe enough, the department can opt to begin proceedings to terminate parental rights. If the parent is the perpetrator, the department still follows the steps as mentioned above to find an appropriate placement for the child (State of Tennessee Department of Children’s Services, 2018b).

**Outcomes**

Once the department creates a safety plan to ensure the child’s safety, or if that is not possible, they remove the child, the work does not stop. Workers will continue to investigate and depending on the type of abuse, and there may be forensic interviews, hair follicle drug tests, medical appointments, counseling, or supervised visits. Also, there
will most likely be Child and Family Team Meetings, court hearings, and mandated classes for the parents.

The case will follow its course and can end in several ways. Since a social worker under child protective services assignment can only hold a case open for 60 (investigation) or 140 (assessment) days, if it takes longer the case will be transferred to a foster care worker. Foster care can continue to monitor the case for compliance and follow it to its closure in court before closing the case. If the child has remained with one or both parents, usually they must continue to be protective, abide by the safety plan, and attend all therapy sessions or court hearings. If the parent fails to do so, this can result in removal in which appropriate placements must be established.

If the parent(s) take the initiative and do everything asked and complies with all departmental and judicial orders at the end of the case custody will be returned. Given that the abuse was not severe enough to warrant a termination of parental rights. It will begin with a trial home visit in which the department, law enforcement, and judicial representatives all check on the family at random times and dates to make sure everything is going well. If the trial home visit is a success, the courts will return custody but hold the case open for an additional amount of time to monitor. If nothing else occurs at the end of the pre-determined time, both the courts and the department will close out their cases. Service implemented during the case may remain in the home as a condition or returned custody if necessary. If the parents repeatedly fail drug screens, get arrested, continue the abuse, and allow a sexual predator near the child will remain in custody, until the establishment of permanency exit with other caretakers.
Parents who refuse or are unable to meet their predetermined steps are seen as non-compliance. At some point, there has to be a consideration for the termination of parental rights, if non-compliance is established. However, if the parent’s offense was not heinous, at any time during the process to terminate, if they begin to try to solve the issues that are keeping them from retaining custody, the goal to reunite can become primary, and the push for termination can end.

At any time a placement can fail, or a parent can fail to meet standards, and child can still enter state custody, even if that was not the original plan. As mentioned before in this paper due to the AACWA the primary goal of every case is supposed to be reunification; in some rare instances, if there is heinous enough abuse, the family can be denied “reasonable efforts” and a goal other than reunification becomes primary. The cases can immediately be given Termination of Parental Rights (TPR) status if reasonable efforts are waived.

Even though some cases can go on for years, eventually, they all end. Some end with families reunited, never needing DCS involvement again. Some end only to have another case opened four weeks later for the same abuse accusations. However, one thing that remains constant is the use of Structured Decision Making (SDM) tools in order to make decisions. The problem is, though constant, these tools cannot account for sudden shifts or changes in the home. They also cannot judge the successes or failures of the services that have been provided.

Critique of decision making and decision-making tools in Tennessee

Structured Decision-Making model is a set of assessment tools that were designed with front line Child Welfare workers in mind. There are many tools, but the most
important according to the National Council on Crime and Delinquency, who built the programs is the “research-based risk assessment that reveals the likelihood that children will be victims of maltreatment after receipt of an initial maltreatment report (National Council on Crime and Delinquency, 2015). The tools track the families from their initial contact with the service to the last contact before case closure. It provides a guideline for making service decisions that help the worker put the correct services into the home. Since the 1980s, there have been many advancements in the decision-making toolbox of Child Welfare workers.

Fallibility and limitations of decision-makers and decision-making tools

In the past 20 years, there has been much public outcry and concern about the decisions that were made within child welfare agencies. The public has become more attuned and worried that the decisions have directly impacted the child’s ability to thrive and succeed. Especially following news of child fatalities after interventions by the Department of Children’s services. Numerous researchers have focused on the fallibility and the limitations of decision-makers (Dingwall, Eckeelaar, & Murray, 1983; Gambrill & Shlonsky, 2000; Munro, 1999, 2005, 2008; Proctor, 2002) There have been several vital reasons that decision-makers are limited. Failure to assess risk, unreliable or missing evidence, competing values, bounded rationality, and the tools being utilized are all spotlighted in this field of research.

 Failure to revise risk assessment

I could list cases ad nauseam where a worker completed a risk assessment and labeled a family “high risk,” only to have the courts or the legal department tell them
there is not enough evidence for removal. When the child remains in a home with abusive behaviors, and the situation worsens, the department now faces a higher level of scrutiny for failing to protect the child. Even though the worker was right, the worker is overridden by another stakeholder or the assessment tool.

Alternately, some workers label a case as low risk, despite evidence to the contrary and a risk assessment that places the family at an elevated level. Still, the child is injured or unfortunately, ends up deceased. Sometimes the disproving evidence comes to light following the initial report, and sometimes it is hidden and hard to discover during the initial stages. Due to a workers refusal or inability to revise judgments and consider discordant information, we have children that are slipping through the cracks; and they are the ones paying the ultimate price (Munro, 1999).

Unreliable or unavailable information

When investigating allegations of abuse, sometimes the lines between truth and lies become blurred. When workers are investigating, they put a great deal of trust in the words of the children, parents, and collateral contacts. Some people will lie to cover their unseemly behaviors; others lie because of threats against them or their loved ones. Workers will ask the child how they received an injury. If the child gives a plausible account of the injury, they may accept it, or they can note the explanation and continue investigating to make sure the child has not misled them.

The same is true with the testimony of the parents; granted a worker can look at a child covered head to toe in bruises and know they did not trip in the living room. However, if the child has an injury that could be consistent with the accident described;
regularly, the worker will accept the explanation and not request medical records or documentation to prove the statement.

While children do not know to lie about abuse unless they have been told to do so by a parental figure. They are not always the best at telling their story, either. Sometimes a child will become confused about details or incidents, even though they are not deliberately dishonest, they tend to tell a story that matches what they think you want to hear. Alternatively, stories that will keep them out of trouble with their parents. There are instances where the child is non-communicative and cannot disclose. In these cases, the worker has to rely on other types of information to ensure that they are getting authentic narratives.

**Competing values and loyalties**

Social workers as a whole will agree that positive client outcomes are a shared goal; however, what is a social worker to do when this causes competing values for them? Their values may cause them to behave in a manner that is incompatible with the goals of the department, state, or the family. Each of us operates under our value system. While we accept and also champion the values of the department as employees; it does not mean conflict is nonexistent between the different levels of values.

Imagine a case where you have a 16-year old that is pregnant. She is the principle, and it is your job as the agent to make her interests paramount. However, because you are working with her family, they too have become a client. Is your priority to the child, or the parent? Should you focus on keeping her trust and not disclosing a pregnancy to her family; or is your priority to making sure her family knows that she is pregnant? Which value takes precedence? You can see this time and again in court cases where the
argument is the child’s right to safety is trumped by the parent’s right to that child\(^8\) (Mattison, 2000).

**Bounded Rationality**

Herbert Simon argued that decision-makers are limited in their ability to make rational decisions. He coined his finding “Bounded Rationality.” He breaks the task of rationalizing one's thought process into three steps. First, one must identify and list all the possible alternatives for the situation; The second step is determining all the consequences that will be associated with each choice for any of the alternates that have been previously identified. Last you must look at the efficiency and accuracy of the outcomes for all of the alternates you have created (Simon, 1997).

The problem that Simon noted was that no one could comply with all three requirements, due to “bounded rationality.” He argued that not only could one not see all the alternates; We as humans cannot see beyond the boundaries of our societal construction. Making it impossible for us to consider more than a few alternatives

Because child welfare is dependent on the decision making rationality of the street-level workers, this can be detrimental. We are already asking them to make sense of complex and uncertain information; if their constructs of reality bind them from the beginning, how can we expect them to make decisions that are beneficial for children? All of the previously mentioned problems can lead to a worker making less than optimal decisions. None of them can account for the judgments that are made by decision-making tools that states utilize

---

Decision makers and decision-making tools in Tennessee

**CANS in Tennessee**

Tennessee’s Department of Children Services has tried hard to take decision making from the hands of front line workers; in this crusade to have consistency across the board they have implemented the Child and Adolescent Needs and Strengths (CANS) tool. CANS is a multipurpose tool that helps develop support care planning and allows for the monitoring of its outcomes.

CANS allows the worker to pool information about all aspects of the child/family life. They can assess the needs of both the child and the parents, and highlight areas that need improvement as well as those that are currently meeting standards. However, CANS does not tell the whole story; it is just an output from a completed assessment. After creation, the assessment which is completed by the worker, with the help of the family, is used in conjunction with other documented narratives, case notes, and information. The program was created heavily based on John Lyon’s Childhood Severity of Psychiatric Illness (CPSI) tool (State of Tennessee Department of Children Services, 2019).

According to the CANS manual:

“It is a tool developed with the primary objective of supporting decision making at all levels of care: children, youth and families, programs and agencies, child-serving systems. It provides structured communication and critical thinking about the youth and their context. The CANS is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual youth’s progress (State of Tennessee Department of Children Services, 2019, p. 5).”
**How CANS is Scored**

This tool ranks both needs and strengths. While some of the modules are optional, they provide the worker with a more encompassing view. The items that the worker scores are all designed to translate into a raw score that then allows them to rank strengths and needs and prepare appropriate safety plans and resource referrals.

Needs can be ranked between 0-3 with zero being no services or action needed and three being immediate intensive action is necessary. Some questions can receive an N/A or not applicable answer. However, these should only be used in the rare circumstance that the question does not apply in any way to the child. Strengths are ranked using the same numerical scheme; a zero ranking for strength means that this item is a centerpiece strength and is central to planning. Three means that no strength has been identified for the item at hand and that there is a need to create strength in this field.

**Major Cans Sections**

The CANS system has seven major core items: Caregiver and resource needs, Youth traumatic experiences, Youth strengths, Youth life functioning, Cultural Factors. Youth behavioral/emotional needs, Youth risk behavior. Each of these sections breaks off into individualized modules and questions that the worker must answer and rank in order to get the needs/risk assessment score.

The caregiver resources and needs section rates potential areas of need, while also highlighting areas where the caregiver scored high and would be considered a resource for the child. Tennessee recommends that all caregivers who are in the home with the child be scored in this section if the child is in a temporary placement the scoring is based
on the caregiver the child would be returned to. Things that are graded in this section are:
adjustment to trauma, safety, organization, substance abuse, and mental health.

The youth traumatic experiences section is based on static indicators that show a
particular type of trauma. If any trauma has ever been experienced, it should be indicated
in this section; it does not have to be a current or ongoing trauma to be rated. These
items are not expected to change, as the abuse is irreversible and cannot be taken back.
Items in this section include but are not limited to: Sexual abuse, Physical abuse, Witness
to violence, War/terrorism affected and Witness to a crime.

The Youth strengths section describes the assets of youth that can be used to help
the child succeed and grow. Per this tool, the strengths are NOT the opposite of needs.
This section is used to help increase the child’s preexisting strengths, which may in the
process also address some of the issues or concerns previously aired. Items in this
section are Family strengths/support, Community life, Talents and interests, and Natural
supports.

The Youth life functioning section takes into account all of the social interactions
in the child’s life. It rates how they function in different peer groups and how their
communication skills are helping them cope in these areas. This section is based on the
scale of the need and will highlight the struggles that the child is facing. This section
includes Family functioning, social functioning, Legal, School behavior, and School
achievements.

The Cultural factors section is used to identify in language barriers, linguistic, or
-cultural issues that may require service providers, or the Department of Children Services

---

9 For a full list of the items graded in the core sections please see appendix c
to offer accommodations. It identifies the families primary languages, as well as secondary languages (if they exist) and notes any cultural domain difficulties that the child may face. These cultural domain difficulties tend to be an effect of being part of a specific group or society. This section has three significant subsections: language, traditions and rituals, and cultural stress.

The youth behavioral/emotional needs section identifies needs that affect the child’s behavioral health. Since CANS is not a diagnostic tool, the child must have a Diagnostic and Statistics Manual of Mental Disorders (DSM) diagnosis, or show behaviors that would be consistent with meeting the standard for the diagnosis. The questions in this section look at anxiety, oppositional behavior, substance abuse, and anger control.

The last section is the youth risk behaviors section. Here the questions are based on risky behaviors that can put them in danger, cause harm, or self-harm. They look at possible suicide risks and self-injury behaviors. In this section, questions found will be about: runaway attempts, fire setting, bullying, and sexually reactive behavior, to name a few\(^{10}\). Lyons has completed numerous studies that show the validity and reliability of the tool (Lyons, 2004, 2009; Lyons & Weiner, 2009)\(^{11}\).

**Limitations and Critiques of CANS**

CANS is relatively user-friendly, in comparison with some of the other assessment tools. However, users should note that the program is not straightforward nor

---

\(^{10}\) There are optional modules which can found in the full manual

\(^{11}\) Please see the entire list of successful studies in the report at: https://www.tn.gov/dcs/program-areas/qi/policies-reports-manuals/policiesprocedures.html
are the questions. Instead CANS groups the major core items by domains and rates them for all individuals. Once the information has been input, the program will then assign a rating of 0-3 to the items for the level of need. This ease of completing a CANS report helps front line workers better assign resources or implement safety plans depending on the level of need of the family. (State of Tennessee Department of Children Services, 2019, pp. 6–7).

While it is easy to learn and has been heralded as the least complex of the tools available, it is not straightforward. Some of the questions workers answer are confusing, and the answers are not all-inclusive (Lyle & Graham, 2000) because the CANS tool is adapted to fit state and local circumstances. Large scale acceptance of it a “success” is dangerous. Authors have cautioned about using generalizations when referring to such findings (Cordell, Snowden, & Hosier, 2016).

A second limitation is that CANS is not responsive to sudden changes in variables. It tracks specific time points and changes since the previous assessment. As such, it is not intuitive enough to be able to predict or stop significant changes in a household. With that being noted the CANS system is valuable for use within the bounds of its limitations.

CANS requires a yearly training/certification for workers who will be completing the assessment. Certification completion must be within the worker’s already packed daily schedule. They must find time between home visits, removals, school visits, interviews, court, and Child and Family Team Meetings; not to mention the paperwork and other aspects of the casework they complete that cannot be enumerated easily. The training is online, which leads to some questions as to the quality of the training in the
first place; while workers can certainly complete without mental strain, when have they expected them have time to complete it?

I remember working during my training period and telling my office mates that I was completing training and being handed binders full of certification quizzes with the answers and the certificates of completion. Many times when I worked at the department when someone was recertifying a training, they would ask the entire office “Who has the answers for the (insert training)” and someone would bring over a paper with all the correct answers. So are the workers really “trained” in these tools? Are they able to correctly implement them?
As previously mentioned in this paper, reunification is now the primary goal of most removals due to the Adoption Assistance and Child Welfare Act (AACWA) of 1980 and the Adoption and Safe Families Act (ASFA) of 1997. While we know that these two acts tie funding for foster care to the goal of reunification, there is a lack of clear definitions as to what reunification is. Reunification is a casually thrown about term when talking about child welfare, yet most frontline workers have an extremely different interpretation. Partially, this is because reunification looks different for every family. One child may be reunited with parents, while another reunites with non-parental caretakers. The other reason definitions of the term vary so drastically is a lack of available information regarding the reunification process.

While the state is not attempting to keep the process a secret, many people do not fully understand the nuances. Because the AACWA and the ASFA set reunification as a primary goal often, they are setting the families up for failure. Laws in all 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands all require that child welfare agencies make “reasonable efforts” to help families that they come into contact with the agency. Reasonable efforts are the activities and initiatives that a state social service agency attempt to provide to families to preserve or reunite said families. Since many states have exceedingly broad definitions of reasonable efforts, it creates a
domino effect of ambiguity and vagueness surrounding efforts, removals, and reunifications. Generally, the services include access to culturally appropriate services that are designed to improve the ability of the family to provide a safe, stable home for their children (Child Welfare League of America, 2016).

The services provided vary case to case but can include: Parenting, family therapy, inpatient and outpatient drug, and alcohol abuse treatment, respite care, parent support groups, trial home visit programs (Child Welfare League of America, 2016). Some of the services are preventatively tailored to those at-risk. However, many families tend to come into contact with Child Welfare workers when removal is unavoidable. There are a few instances that allow workers to refuse reasonable efforts. According to the ASFA, if the court has determined any of the following, the efforts to preserve or reunite a family are not required: The abuse has been found to meet the state standards to be legally categorized as aggravated, the parent has murdered or committed voluntary manslaughter of another of their children, the parent took part in any part of the previously mentioned murder or manslaughter including conspiracy and solicitation, the parent committed a felony assault that resulted in serious bodily injury to the child, or another of their children, the paternal rights of a different biological child of theirs was involuntarily terminated (U.S Congress, 1997).

In recent years it has become more common to use concurrent goals, to ensure that permanency for the child is met within nationally established timelines. Often reunification with family is the primary goal, with a concurrent primary goal of exiting foster care in another permanency avenue. Most states use this as a backup plan in case the parents fail to succeed. Using the concurrent goals should allow the child to achieve
permanency in a shorter time frame; because as the parents work towards reunification goals, the department and other service providers are working towards permanency with the parent, and permanency with another caretaker.

Different studies have found that following the achievement of reunification with the family, a large number of children return to homes where abuse and neglect are rampant. Studies in 2006, 2008, and 2009 found that if one accounts for the rate of re-entry to foster care, reunification is a success only 35-40% of the time (Berrick, 2008; Needell et al., 2009; Shaw, 2006). Additional studies add to the already discordant discourse on the success of reunification and find that as many as 19-24% of children who reunite with family, return to some form of out of home care in less than two years (Courtney, 1995; S. Guo & Wells, 1999; Wulczyn, 1991).

Failures and successes in reunification

Why reunification fails

While there are complicated definitions about what could be considered a reunification, the simplest definition is the return of a child to the nuclear family following a removal. While reunification is the most common exit type for children who are in foster care, there are still failures when children return to their family (at arguably, high rates, as mentioned above). One study found that failures in reunification were for a combination of reasons. For this study, they will be separated in the same manner as Miller et al. (2005). The primary overarching reasons for failure are parental factors, child factors, family factors and service utilization, and environmental factors.
**Parental Factors**

Parental factors are those factors that are purely related to the parent. There are two that literature has commonly identified, governmental aid, and substance abuse history. Dependence on governmental aid is the most strongly associated identifier associated with failed reunification (Courtney, 1995). Governmental aid for families today is known as temporary assistance for needy families (TANF); however, historically was known as Aid to Families with Dependent Children (AFDC). In 1996 the US Department of Health and Human Services made more restrictive changes to the distribution process for federal aid and titled the new program TANF.

According to the Office of Congressional Research Service, the temporary assistance for needy families block grant funds a wide range of benefits and services for low-income families (Falk, 2019). In September of 2017, there were a total of 3.4 million individuals that were receiving TANF benefits, and 2.48 million were children (Falk, 2019, p. 8). At the same time in Tennessee, there were 54 thousand individuals, and nearly 43 million were children(Tennessee Department of Human Services, 2017). Jones (1998) found that children who were receiving benefits from the government were more likely to reenter foster care, than their counterpart who had remained with the family and received preservation services.

Substance abuse is the second major parental factor that correlates to reunification failures. Many studies have pointed out substance abuse as a critical factor for effecting the success of reunification (Akin, Brook, & Lloyd, 2015; Brook & Mcdonald, 2009; Courtney, 1995; Frame, Berrick, & Brodowski, 2000; Gelles, 2016; S. Guo & Wells, 1999; L. Jones, 1998; Lloyd & Akin, 2014; K. D. Smith, Johnson, Pears, Fisher, &
Substance abuse affects a broad swath of the American public, according to the National Institute on Drug Abuse. 15.1 million adults over the age of 18 report having an alcohol use disorder in 2016 (Substance Abuse and Mental Health Services Administration, 2019). At the same time, an estimated 48.5 million people over the age of 18 reported the use of illegal drugs, or the misuse of legal drugs in the past year (Center for Disease Control and Prevention, 2018a). In 2016 28.5% of all cases called in for child abuse allegations had at least 1 case of drug exposure. Tennessee during this time frame reported that almost 36% of cases to have allegations of drug-exposed child/infant. One should note that beginning in the year 2016 Tennessee’s NCANDS maltreatment types changed; drug-exposed child and infant were re-designated and are now being mapped under physical abuse instead of neglect (Services et al., 2018, p. 224).

According to a 2000 study by Frame et al. 28 infants from a random sample re-entered care within six years of being reunited with family, 27 of the children had parents with substantiated substance abuse problems (Frame et al., 2000). Children that come from families with established substance abuse are more likely to remain in foster care longer (Vanderploeg et al., 2007) have less overall stability (K. D. Smith et al., 2007) and are less likely to exit care to reunification (Akin et al., 2015; Brook & Mcdonald, 2009). Previous removals and reunifications, length of placement, and ambivalence on the part of the parent were all found to play a significant part in the chance of failure following reunification (Hess, 1987).
Child Factors

Child factors are typically demographic identifiers that the child has no control over. Age, race, socioeconomic status, and past removals all have an impact on the positivity of outcomes for children. The age of a child has been found to have a negative impact on reunification outcomes for children. From the multitude of studies on these issues, this is a nonlinear relationship and disagreement amongst the field as to which age categories are the most correlated with outcomes. Some studies have found strong evidence that there are permanency discontinuity problems for older children (Courtney, 1995; Rolock & White, 2016; S. L. Smith, Howard, Garnier, & Ryan, 2006; White, 2016). Other studies have found a higher impact on younger children, with some making distinctions between less than 1 month of age, and 1 month to a year (A. S. Jones & LaLiberte, 2017; Kimberlin, Anthony, & Austin, 2009; Parolini et al., 2018; Shaw, 2006; Terling, 1999).

Children that exhibit mental health, behavioral or emotional problems are shown to be at an increased rate of reunification failure (Barth, Lloyd, Christ, Chapman, & Dickinson, 2008; Barth et al., 2007; Barth, Weigensberg, Fisher, Fetrow, & Green, 2008; Coakley & Berrick, 2008; A. S. Jones & LaLiberte, 2017; Kimberlin et al., 2009; Rolock & White, 2016). Studies indicate that children who are in foster care have high rates of complex trauma exposure at 70.4% and 11% report at least two types of multiple trauma exposure (Greeson, Briggs, Kisiel, Layne, & Ake, 2011). This trauma is often multifaceted and leads to an extensive range of severe mental and behavioral complications and disorders for the children.
One of the most common mental health classifications that children exposed to trauma are diagnosed with is attachment disorders. Some common symptoms are: aversion to touch, disobedience or defiance in an attempt to keep control, temper tantrums, manipulation, or unacceptable passive-aggressive behaviors, difficulty showing empathy towards parent of caretaker, however showing inappropriate affection for other adult, and lack of guilt or remorse for any behaviors (Briere, 1992; Odhayani, Watson, & Watson, 2013). In addition to attachment disorders, many children have disruptive control disorders, sexual dysfunction, trauma and stressor disorders, depressive and anxiety disorders, and substance abuse. These children are at an increased risk for re-matriculating into the foster care system.

During the child’s time in foster care, the experiences both negative and positive will also affect the success they experience with reunification. The number of placements they have, the length of placement and the possible maltreatment in foster care can all be associated with the instability of reunification (Coakley & Berrick, 2008; Courtney, 1994, 1995; Johnson-Reid, 2003; S. L. Smith et al., 2006; White, 2016; Yampolskaya, Armstrong, & King-Miller, 2011; Yampolskaya et al., 2011)

**Family factors and service utilization**

Family factors are one of the most substantial correlates of success or failure. Often, families that become involved with Children’s Services are not suffering from one problem; they are suffering from many. Lack of work, low wages, and inadequate resources for childcare are just the tip of the iceberg. As mentioned above, many families are already reliant on governmental assistance to afford the essentials, but that dependence becomes more cumbersome when the family is asked to complete steps in
order to regain custody of a child. Most of the services that are court-mandated for parents to complete are only available at one time on a specific day of the week. For instance, when I was a DCS worker parents were asked to take part in a parenting class. While the class did teach parents many skills, it was only offered on Friday morning’s at 9 am. Many of them were working minimum wage jobs and could not afford to take that hour off and lose their wages. Those lost wages often equate with a question as to the parent’s ability to provide a home for the child.

By forcing them to choose between work or parenting classes; we were straining an already overburdened and emotional fragile parent. Because the parent cannot see a way to navigate the paths to reunification successfully, many give up or fail. Parents who are struggling with substance addiction also struggle when being asked to complete classes. Some parents are given a choice between inpatient and outpatient services to help battle their addiction; however, their choice is hard either way.

If they choose inpatient services, their visitation with the child will be short and rare. Those visitations take place in the service provider where the parent is staying and are typically uncomfortable for both parties. Inpatient care also forces the parent out of the environment they are in creating a false reality in which their stressors and triggers are controlled for them. The alternative is to take part in outpatient services (Hoagwood et al., 2000).

Outpatient services are also tricky. While the parent has more access to the child, they are still struggling in an environment that feeds their addiction. They are more likely to continue to use their drug of choice due to the emotional pain of being separated from their child. Also, with outpatient services, the accountability is entirely on the
parent, without first identifying many of the environmental stressors that lead to the addiction. Many counselors and service providers at outpatient services lack the education or background to adequately help the parent diagnose and triage their life and substance abuse problems.

**Environmental factors**

The importance of a suitable environment cannot be understated when looking at the successes of reunification. Numerous studies have linked the neighborhood quality positively to positive outcomes for families (Courtney, 1995; L. Jones, 1998). However, this is an area of research that is mostly undeveloped in Child Welfare literature. We lack studies that show the quality of the neighborhood as a factor of success or failure in reunification. There have been many studies published that highlight the inconsistency of access to resources in rural areas. We can see in both health care and substance abuse research that most rural localities lack adequate resources. This resource desert, as it were, does not help families that are already struggling.

**Worker insights**

There can be many reasons why reunification fails and more often than not, frontline child welfare workers will have a different view than the families partly, because they see things as an observer, and partially because they are looking to bolster those weaknesses before they become an issue. One study asked 9 caseworkers and numerous child welfare administrators for their insights (Westat and Chapin Hall Center for Children, 2001). The workers cited four crucial issues when considering the initial steps of the trial home visit (which should end in reunification).
First, they considered the compliance of their families. As mentioned above, it can be a financial and emotional strain on the family to make all of the meetings, court dates, and visitations. The worker will consider all of the variables surrounding the family and the amount of initiative shown (Gold, Benbenishty, & Osmo, 2001; Rossi, Schuermam, & Budde, 1999).

Second, they look at the safety factors that initially brought them into contact with children services. Families accused of drug exposure will complete urine and hair follicle tests to ensure that drug exposure is no longer an issue. Workers will also check to make sure any court-mandated services are complete (Courtney, 1994; S. Guo & Wells, 1999; M. Harris & Courtney, 2003). There can be some ongoing services upon reunification with the family. However, the success of the reunification is dependent upon the completion of those services.

Third, they consider the frequency of the parent’s visits with the child. The worker will base a lot of their decision on the child’s needs. For the child’s mental health there could have been no contact, but if it is apparent to the worker that no effort was being made to reinforce or facilitate the familial bond; the worker then has to weigh the options and decide what is in the best interest of the child (Courtney, 1995; Westat and Chapin Hall Center for Children, 2001).

The last major item they looked at is the child’s wishes. There can be the opening of a metaphorical can of worms. Sometimes all a child wants is to return home, and sometimes that is not the case. There are times when a child loves their parent but knows that a situation is unlikely to change and causes negative stressors for them. The consideration of the child’s wants is especially essential for older children who have fears
or concerns if they are forced to return (Gold et al., 2001; Westat and Chapin Hall Center for Children, 2001).

**Why reunification succeeds**

Because the success rate of reunification is arguably low, there are not many studies or research agendas that look at them. More often, failures take the lead, and many writers are looking for policy changes that will increase success rates. It should be of note that this is a limitation for this avenue research. However, this author did find a couple of studies that looked at successes and attempts to find why these cases had successes when others had failed.

Lietz and Strength (2011) focused on families that succeeded with the reunification process. The authors found that all 10 of the families followed had identified “family commitment” as significant (Lietz & Strength, 2011, p. 205). Their theory is based on the idea of family resiliency. They theorized that there are five stages in which the strengths and needs of the families changed. Stage one is survival. When Child Protective Services knocks on a door and informs a family that their circumstances have created an unsafe or unfit environment, there is a traumatic response on the part of the parent. They are distraught and devastated. They start trying to come to terms with the fact that their behavior or an item in their environment has created an idea that they are not a responsible parent.

However, at that point, they are unwilling to make changes or accept the news. According to the families in the study, their emotions and behaviors ranged from suicidal thoughts to rage (Lietz & Strength, 2011). 12 of the 15 families stated that religion was a strength they had found helping them make the changes necessary to regain custody.
This theory is supported heavily by previous and current research that correlates religious or spiritual participation with positive changes for the family. (Balsells, Amoros, Fuentes-Pelaez, & Mateos, 2011; Defrain & Asay, 2007; Dunst & Trivette, 2009) All 15 claimed that their social support system played a significant role.

The second stage was titled adaptation. During this stage, families may not have entirely accepted the changes in their life, but they know that adjustments are required to regain custody. Most of the families mentioned that during this stage, they found importance on three key things. First, they cited that they must be willing to take the initiative. While all of the parents were dealing with varying circumstances, 14 stated that the ability to even start making changes was key to their success (Lietz & Strength, 2011). Little changes are an essential win for most families because as Walsh points out, adaptation is difficult because it looks different for everyone. It can be a slow climb to a new normal for some families, while others have more of a roller-coaster-like path that ends in continuous adaptation to new and varied circumstances (Walsh, 2015, p. 122).

The second was setting boundaries. Last, is creativity/flexibility, meaning the parents would have to be creative and flexible to find new ways to solve problems (Lietz & Strength, 2011).

The third stage is acceptance. The parent’s viewpoint shifts and they begin to look at the new resources in their life, not as a burden, but as a value-added addition. They began seeing that the involvement of these “outsiders” had ultimately made changes in the strengths in their families. Other research has confirmed that once parents mindset moves from burden to blessing for these resources, they see the changes in their families that make the process more tangible (Balsells et al., 2011). In Lietz’s study, one mother
claimed, “I started to be a mother more after I stopped doing drugs. Moreover, I realized
I’m more happier just being sober (Lietz & Strength, 2011, p. 207)”

This positivity in allowing “outsiders” to help the family is a form of social
capital. Social Capital is defined as strengthening relationships and communication on a
communitywide basis and encouraging community initiative responsibility and
adaptability (Flora & Flora, 2013, p. 119). Putnam found that child welfare is higher
where social capital is high (Putnam, 2001). Many times rural locations communities are
extremely tightknit and will band together. I have seen neighbors volunteer to help fix
environmental hazards, drive parents to their court date or mandated services, and even
help parents make lifestyle changes necessary to regain custody of their children.

Stage four is titled growing stronger. In this stage, families are focused on
continuing efforts to grow and recognize the positive reinforcements that they have
received for the changes they have committed to so far. One strengths that most of the
families identified was self-appraisal. Each will have to accept and understand the
difficulties and trials that they have experienced while finding the positivity in the
experience as a whole. Defrain (2007) found this to be one of the most lasting changes
for the family.

The last stage identified was defined as helping others. Eight families that were
part of the study wanted to use their experiences and knowledge to help other families
with their struggle. They wanted to make sure that other families saw, positive outcomes
as a possibility and understood that it is accomplishable. Five sought to speak to foster
families about the importance of understanding the experiences that the families are
going through, in addition to the trials that the child is facing. They all agreed that the
key in this stage was to pay it forward, and give support. One couple went so far as to ask if they could speak at local training for families that we are dealing with the same circumstance they had survived (Lietz & Strength, 2011) while successes are far less prominent than failures, every single one should be celebrated.

**Tennessee’s numbers**

Tennessee investigates many cases of child abuse each year, and when there is a need for placement, they first look to relative caregivers or a kinship placement. Tennessee reported in 2016 that 8,333 children were currently in foster care; this number had increased by 4.4% from 2012 when only 7,978 children were in state custody (Annie E. Case Foundation, 2019). 4 of 41 (roughly 10%) child fatality cases had received preservation services in the past five years. One of them had been reunited with their family in the past five years (Services et al., 2018). While Tennessee does make its own decisions regarding foster care, it is also under review by the federal government. Each decision must be justified in its entirety. The report is collected and published by way of the AFCARS system.

**AFCARS and how it works**

The Adoption and Foster Care Analysis Reporting System (AFCARS) “collects case-level information from the state and tribal title IV-E agencies on all children in foster care, and any children who have been adopted with title IV-E involvement (Children’s Bureau (Administration on Children, Youth and Families, Administration for Children and Families) of the U.S. Department of Health and Human Services., 2019).”

---

12 This will be fully addressed in another chapter
Their reports compile data and provide detailed information that prepares each state for a review. When looking at AFCARS reports, it is essential to know that the first three years of data reported and published are primary. Due to non-compliance on the part of many of the states, the initial three reports are suspect. However, the importance of the AFCARS report cannot be overstated: it is the ONLY source that compiles case-level data on foster care and adoptions that is reasonably consistent across states and formats (Hansen & Simon, 2004).

In 2014 Tennessee published the findings of their last AFCARS report; the data was compiled and evaluated in 2013. The report assesses two significant items: AFCARS general requirements and the data elements. The information collected is checked for compliance on the timeliness of submission, timely entry of the data elements, and if the data meets a 90% level of tolerance for any missing data. However, according to the report, a “‘substantial’ compliance does not mean a title IV-E agency has fully implemented the requirements in the regulations (Tennessee Department of Children Services, 2014).”

The data is then scored using a 0-4 ranking. A 0 indicates that the agencies are using an external information system or tool, and are not collecting and reporting AFCARS data from their internal systems. A 1 means that the state in question failed to meet an AFCARS requirement in their data collection methodology. 2 indicates that the technical requirements for AFCARS reporting have not been fully met. 3 is an indication of data quality issues, including missing or inconsistent data entry. A score of 4, which is the goal, indicates that all of the AFCARS requirements have been met and the agency
has established a history of quality data collection and reporting (Tennessee Department of Children Services, 2014).

**Tennessee’s AFCARS score**

This report considers records between 2003 and 2011. Overall findings reported that 30% of the cases that were analyzed did not match what had been reported in AFCARS, which means that the data reported to the federal government in some way varied from that which is on record in Tennessee.

While the AFCARS system scores a multitude of items for this paper, I am only concerned with issues that are related to reunification. Item number 58 on the report is the reason for discharge. This item addresses the reason the child has exited foster care. There are eight different designations. Reunification was reported to be the reason in 15% (1,726) cases; however, upon case review, it was found that 40 (64%) of the records pulled and analyzed did not match the report in AFCARS; 34 were still in foster care despite being labeled otherwise. Some children have been in the foster care system for more than two years and still had data that did not match the report.

Item 43 looked at the most recent case plan goal with seven designations. According to the case review, 7 seven cases had marked adoption when adoption should have been a concurrent goal with reunification listed first. In another case, the child had been listed as in foster care for five months and had no goals set via the system.\(^\text{13}\)

\[^{13}\text{The full set of AFCARS reports, including Tennessee, can be accessed at: https://www.acf.hhs.gov/cb/monitoring/afcars-assessment-reviews}\]
CHAPTER VI
CHILD WELFARE

Child welfare is a multidimensional idea because it consists of many aspects that can contribute to the wellbeing of a child. According the Children’s Bureau it is a “continuum of services designed to ensure that children are safe and that families have the necessary support to care for their children successfully” (Children’s Bureau (Administration on Children, Youth and Families, Administration for Children and Families) of the U.S. Department of Health and Human Services., 2018, p. 1). Because each state is responsible for handling possible child abuse within their borders, the services and agencies will differ accordingly. As such, each state has different components in its mission statement. There are, however, three common goals that everyone shares — safety, wellbeing, and permanency. States do not always word it so directly, but the goals of each state boil down to these three concepts.

It is hard to be proactive when it comes to child abuse. A lack of funding paired with different standards of what abuse is has created a system that is more focused on reaction than protective pre-problem action. Because of this child welfare, as a whole, has become risk-averse. The field has become unyielding in an attempt to avoid adverse outcomes. These adverse outcomes can range from reoccurring abuse to the unfortunate occurrence of child deaths (Macdonald & Macdonald, 2010). However, we must attribute the persistence of harm that has contributed to the ongoing problems in child
welfare. Change is difficult for any entity but especially so for child welfare for three inter-tangled reasons. First is the scarcity of resources.

**Problems that cause child welfare to suffer**

**Resource allocation**

In a field where resources increasingly vanish (Zell, 2006) and public scrutiny has increased (Chenot, 2011), the ability to remain fluid is crucial. This lack of willingness/ability to change leads to problem-solving that fails to learn from past mistakes and ultimately fails the children it was meant to protect (Committee on Ways and Means, 2012; Lachman & Bernard, 2006; Rzepnicki et al., 2012).

Child welfare is a fast-paced need driven field. No two families look alike in their need set or possible harm categories. One family may need assistance paying an electric bill, and another may need help getting food to feed the children for the week. Workers are asked to be quick on their feet and find solutions to these problems. However, the real problem is that more families need than the number of resources available.

The Department of Children’s Services’ funding is allocated to foster care, meaning that most of the money the department receives is directed towards children in foster care, or those entering. Most families that are at risk, or fall on hard times face difficulty when requesting departmental assistance. Inadequate clothing for inclement weather, lack of food, lack of electricity/water are some of the needs categories that the department assist with as it is able.

A great deal of the money allotted for abused children is directed to foster care, for children that are removed; it is used to purchase clothing and necessities. When a family needs help with electric bills, local non-profits, or anonymous donors can be essential.
Non-profits and donors can be the difference between a family losing custody and remaining together. Today, many nonprofits are funded by the government, and the change in funding leads to many changes in the approach to dealing with clientele and staffing (Akingbola, 2004; Gronjberg, 1991; C. Guo, 2007; Lipsky & Smith, 1989). In addition to creating staffing issues, it has also increased the inconsistencies and transaction cost associated with the organization (Gronjberg, 1991); while also alienating private donor and further strangling an already desperate arena (Anderoni, 1990, 2006; Brooks, 2000).

**Departmental Stressors**

The second reason that child welfare is so tricky is high levels of workplace stress. Workers are asked to make life and death decisions within short time windows (Barak, Nissly, & Levin, 2001), and must consider the constricted resources on either side of the decision. Workers have overburdened caseloads, inadequate training (Tham & Meagher, 2009), and short-staffed offices yet are asked to make these high-risk choices (Barth, Lloyd, et al., 2008). This paired with the previously mentioned high rates of burnout, secondhand trauma, and various mental health issues, leaves workers struggling to make good decisions.

Another reason for the workplace stress is the departmental pressures to close cases on time (Yamatani, Engel, & Spejeldnes, 2009). The worker already has an overburdened caseload; the pressure to deliver quick choices lead to some faulty judgment, cursory investigations, and rigidity that causes poor decision to be made (McGee, 1989; Stevens & Higgins, 2002). These stringent working conditions can cause a worker to miss or overlook harmful stimuli in the environment; missing a threat to a
child’s safety can cause a worker to misevaluate the families ability to protect the child from said threat (Orsi, Drury, & Mackert, 2014). These missed stimuli can lead to adverse outcomes for both the child and the department.

In recent years much dialogue has surrounded the idea of a “national child abuse registry.” This national registry would allow the tracking of families across all 50 states and all significant U.S holdings. A family would not be able to move from Mississippi to New York and avoid dealing with a child abuse charge. Alternatively, worse, move to a new state and continue the abusive patterns while avoiding hefty penalties due to a difference in legal punishment in the states.

Currently, each state independently maintains a statewide database that houses information regarding cases. The information in those cases includes names of victims and perpetrators, types of abuse, and if the accusation was substantiated; they also typically have any previous cases that family has been involved in linked with the most recent case. However, governmental entities do not share information even within the same office due to HIPPA and privacy laws. In the Tennessee Department of Human Services and the Department of Children’s Services share a building and many of the same clients; If DCS receives a case that is missing information which is often, they can ask DHS for a current address or phone number, but DHS cannot provide it. They cannot give any information about their clients to another worker. If we cannot ask these entities to share information across that state, how can we ask them to take part in a national registry?
Safety has been made the top priority when looking at children, per the implementation of the Safe Families Act of 1997. By doing this, it gives the state child welfare agencies some leeway when attempting to provide “reasonable efforts” when it is clear that reunification is not a possibility. The statute provides the department with a variety of circumstances which now allow termination of parental rights, and adoption to be the goals set for the child (O’Flynn, 2000). Tennessee has followed in step with the federal law. The Brian A. Lawsuit led to numerous statewide changes that focus on the safety of children following removal from an unsafe home. Specifically, it limited the number of cases that a foster care worker could host and it changed the process of finding foster homes for children. However, neither the federal government nor any state statute clearly defines what rises to the level of “Safety.” This partly due to shifting rhetoric/definitions.

Definitions would fail to define the breadth of what constitutes child safety properly. According to Grant, Parry, and Guerin (2013), indiscriminate use of a word without a precise definition, specifically in a policy document creates unnecessary confusion. However, this is common in the field of child welfare, and this adds problems to the interpretation and implementation of said policy. For that reason, the field is dependent heavily on the worker being trained to identify stimuli that create harm. By doing this, they isolate the specific safety needs of the child/family.

Some children require immediate medical attention for them to achieve safety; others require the family to clear hazards from or around the home. Safety in its most basic of definitions is the absence of danger, risk, injury, or hazard. Most researchers
have agreed to some significant areas of safety. They include environmental safety, physical safety, and psychological safety. Broadly most hazard can be categorized into one of these groups.

Environmental safety refers to a living situation either in the home or outside of the residence that would be dangerous or unhealthy. Depending on the child’s age and developmental status, what constitutes environmental safety can change. Common items that constitute an environmental hazard are: broken/missing windows, exposed electrical wiring, rotten food or garbage, insect or rodent infestation, access to objects that will endanger the child health/safety (State of Tennessee Department of Children Services, 2017).

Physical safety refers to the child being safe for bodily harm, sexual assault, or other violent behaviors that could cause serious injury to the child. It also included making sure that a child receives access to medical care if necessary. Psychological safety is when a child is in an environment that does not engage in threats, isolation, emotional abuse, or terrorization. Parents will not threaten to abandon, kill or injure others to create scenarios that will cause obedience or fear. Examples can include shaming, belittling, and degrading the child.

These are tied heavily to the corresponding types of abuse and as such are dependent on proof that the hazard exists. Because there are many things (listed and unlisted) that qualify as a safety hazard, it is hard for the states to quantify a tidy definition that encompasses all of the types of safety. While a standard definition is hard, Tennessee does still try to make sure that all children who reside in the state are safe. By using a Safety plan, the workers create a quantifiable plan that ensures that any hazards
are addressed and that all children in the home are given the best possible chance at safety.

**Safety Plan in Tennessee CS 1044**

Tennessee Department of Children Services will complete a safety plan anytime there is a risk or behavior that requires monitoring. Some descriptors that will necessitate a need are a danger to others, sexually reactive, criminal charges, drug exposure, and severe physical abuse (Tennessee Department of Children’s Services, 2015). The worker must complete a CS1044, a Child safety Plan and update it regularly. It is important to note that anytime a case has an active safety plan, the department cannot close the case. Full elimination of the risk must be achieved before the safety plan can be updated and closed out.

The CS1044 consist of numerous parts. First, are the demographics and identifiers of the child and family involved. Next is the behavior that requires monitoring. Here workers defining the risk when it last occurred and how often it occurs. Also, this section requires a list of supportive people in the child/family’s life that can support or help negate the risk, and how. Next, the worker and family will identify triggers or warnings that the behavior is forthcoming and ways that they can be used to keep the behavior from occurring. There is a checklist of action steps that the worker will complete with the family and check all applicable items. The last items before a review date and signatures are the Actions steps. Family and their supports will assign actions to individuals for identified triggers.
Permanency

Permanency can mean different things, depending on the circumstances of the case, the needs of the family and the risk to the child. Given the shift in policy to focus on child safety instead of family preservation, we can also attribute the need for Permanency to the Adoption and Safe Families Act of 1997. The ASFA of 1997 created time constraints and marked permanency as a priority for the department of children services. It, however, made it clear, that sometimes due to irreconcilable familial problems permanency within the natural family was not achievable. Permanency is any case where a child exits custody into a stable home. It can be exiting foster care with natural parents, other relative caregivers, or adoption. No matter the form of permanency, the successfulness of outcomes are influenced by a multitude of child-level and caregiver level characteristics.

Child level characteristics are combinations of attributes of the child that have a direct impact on outcomes. The age of the child, studies indicate that older children are much slower to achieve any of the forms of permanency that younger children; especially infants who have a high likelihood of being adopted (Courtney & Wong, 1996; Snowden, Leon, & Sieracki, 2008). Their race is another predictor of permanency outcomes for children. African American children are less likely than Caucasian or Latino children to reunite with their natural parents (Connell, Katz, Saunders, & Tebes, 2006; Romney, Litrownik, Newton, & Lau, 2005) or to be adopted (Barth, Lloyd, et al., 2008). Disabilities also play a significant part in the success of outcomes for permanency.

Children with health problems, including disease, chronic illness, and cancer, take much longer to achieve permanency than children without them. Children with mental
health issues have the same delay in permanency, as compared with their healthy counterparts (Kupsinel & Dubsky, 1999; Landsverk, Davis, Ganger, Newton, & Johson, 1996; Mcdonald, Poertner, & Jennings, 2007; Parks & Ryan, 2009; Romney et al., 2005). In addition to all of these characteristics, the number of placements and reunification problems (Farmer & Lutman, 2012; Leathers, 2006) and the amount of time it takes to establish a permanent family (Dries, Juffer, Ljzendoorn, & Bakermans-Kranenburg, 2009; Selwyn, Wijedasa, & Meakings, 2014) all contribute to the problems of establishing permanency for the child.

Adult level characteristics like the child characteristics, are a combination of attributes that have an impact for the child’s outcome. One of the most significant impacts on the ability of the child to exit custody with the parent, is the family structure; specifically single-parent households have higher levels of failure than their two-parent counterpart (Courtney, 1994; S. Guo & Wells, 1999; M. Harris & Courtney, 2003). African American families have lower rates of successful reunification that any other race (M. Harris & Courtney, 2003). Another factor that shows high rates of failure for parents is the reliance on public assistance (Courtney, 1994; Courtney & Wong, 1996).

Parents who suffer from mental health issues also show consistently lower rates of successful reunification than those who have no mental health issues (Risley-Curtiss, Stromwall, Hunt, & Teska, 2004). Along the same vein, parents who suffer from substance abuse problems tend to have lower levels of reunification and pregnancy success than other families (Mcdonald et al., 2007).

There is a lack of research which accounts for characteristics outside of the family, save two studies. Each of the studies I found looked at worker turnover in the Department of
Children services and found that the more caseworker that the family had involvement with the higher likelihood of a failure in achievement of permanency (Davis, Landsverk, Newton, & Ganger, 1996; Ryan, Garnier, Zyphur, & Zhai, 2006).

**Permanency planning in Tennessee**

Tennessee’s Department of Children’s Service hosts Child and Family Team Meetings (CFTM) to address family issues. In these meetings, they establish a plan and timeline to achieve some form of permanency for a child. This meeting allows participants to establish action steps that lead to a positive permanency outcome. As mentioned above, please remember that permanency is not just if a child returns home. Many different outcomes rise to the level of permanency. If there is a concern that reunification might fall through there can be the implementation of concurrent goals; this would allow the parents to begin their action steps, while another family member or the department to begin actions steps toward another type of permanency should reunification fail or become impossible.

The meeting consists of supports that the family has identified who will be able to help them strive toward goals created in the meeting. If the child is above the age of 6, they are allowed to be involved in the plan to the extent that they are capable, above 12 they are allowed to participate in the meeting in its entirety.

Once the entire team has agreed upon a set of steps towards a unified outcome, the entire group will sign the plan it is considered set. Changes are not allowed without the establishment of another CFTM or if the court intervenes and orders changes. Permanency plans are updated at least once a year. Typically the caseworker will call a CFTM every six months to track any progress made, as well as address any new
problems that have arisen. Entry of the plan and any changes to it must be completed in the state database within 48 hours of being signed or altered (including changes that are court-ordered). Following unanimous consent from the participants of the CFTM, the plan must be taken to a scheduled court hearing and presented to all of the legal bodies involved for their approval. As mentioned, the courts can demand changes to the plan.

**Well-being**

Child well-being is a combination of variables related to the functioning of the child. It addresses problems with the physical, behavioral, and cognitive areas (Children’s Bureau (Administration on Children, Youth and Families, Administration for Children and Families) of the U.S. Department of Health and Human Services., 2018). Speculation has risen that the 2010 census failed to count almost 1 million children. Especially relevant, the report failed to count children of color and low-income or immigrant children more than their counterparts. This failure to account for children, in one and most likely in the upcoming census is a miscalculation that will lead to difficulties to improve the well-being for these children (Annie E. Case Foundation, 2018).

Since 1990 KIDS COUNT ranked the United States on a set of 4 domains, each containing four indicators that help rank the well-being of the state. The four indexes that the report uses are economic well-being, education, health, and family and community. In each of these, there are four indicators which allow the state to be ranked (Annie E. Case Foundation, 2018).

Over the past six years, there have been increases across the board for the economic well-being indicators. Fewer children are in poverty; fewer teens are failing to
attend school or get work (if they are not in school) (Annie E. Case Foundation, 2018, pp. 18–19). Education shows increases in two of the indicators and stayed steady in the other two indicators. Health indices showed an increase in the number of babies born with low birth weight, but an increase in the number of children with health insurance. Family and community showed that there had been increases in the number of children that are in single-parent households, but that there were less teen’s giving birth (Annie E. Case Foundation, 2018, pp. 18–19). The report found that Tennessee was ranked 35 out of 50 overall, yet was 33rd for economic well-being, 35th for education, 27th for health, and 38th for family and community.

Monitoring the compliances of Safety, Permanency, and wellbeing

We can look at all three of these issues separately and judge the successes of a state. Some states have problems with one area, while others struggle with all three. Since the federal government established key outcomes, they also implemented the Child and Family Services Review (CFSR) process that monitors the compliance of the outcomes above.

Child and Family Services Review general findings rounds 1-3

The Child and Family Services Review is established through the 1994 amendment to the Social Security Act. It requires the federal government and state child welfare entities to work together, assessing the strengths and weaknesses of the states. The CFSR’s emphasize four areas family-centered practice, community-based practice, individualized services, and the strengthening of the parental capacity (Children’s Bureau (Administration on Children, Youth and Families, Administration for Children and
Families) of the U.S. Department of Health and Human Services., 2006). The process includes a statewide self-assessment, state data compiled by the U.S. Department of Health and Human Services, review of 65 cases for the first two rounds and 75 for the 3rd round. These case reviews are slated to take part throughout each state, at three different locations. Interviews or focus groups are conducted at all three sites with a mix of stakeholders.

For round 1, a total of 45 cases were graded to find compliance in the states. Since the original mandate, each state has completed three rounds even though some of the reports are not yet available, as their completion was in 2018. Round 1 occurred between 2001 and 2004 and revealed that only six states were in “substantial conformity with 2 of safety outcomes. No states were in substantial conformity with federal permanency outcomes that centered on permanent and stable living situations for children; however, seven did meet conformity with the criteria for preserving family relationships. This report also found that there was wide variability in the state’s conformity with federal well-being outcomes. Despite 17 states being substantial with the well-being outcome that focused on educational attainment, there was only one state that met the criteria for providing for children’s mental and physical needs. Additionally, no states met the criteria for enhancing family capacity to provide for children’s need.

Round 2 occurred between 2007 and 2010. This report shows that systemic performance indicators show a decline in compliance in 4 instances. However, there were more troubling results from the round two review. The data on child outcomes which were already alarming low and showed few cases of substantial compliance bottomed out. 0 states showed compliance on 6 of the seven indices scored. Round 3 occurred
between 2016 and 2019 and some reports have yet to be published, as such there is no generalizable nationwide comparison of the results for the third round. Further information about the outcomes measured is addressed in the upcoming section about Tennessee’s CFSR reports.

**Tennessee’s CFSR report findings**

While the entire CFSR report is useful, for this dissertation, this work will focus heavily on the child outcome measures section. It should be noted that all states are asked to reach a 90% substantial conformity in order to be considered in conformity and 95 in two of the categories, which means that 90-95% of the cases that reviewed must meet predetermined value to conform.

There are three main categories in which the outcomes for all 65 of the cases reviewed are scored: safety, permanency, and well-being. Under each of these categories, there were specific outcomes; and under each outcome, even more specific data elements. Under Safety, there are two primary outcomes.

Round 1 (2002) of the CFSR report showed Tennessee to comply with 4 of the ten systemic areas that were measured. None of the compliance was in safety, permanency, or child and family well-being. Round 2 (2009) reveals that Tennessee had compliance in 6 of the 14 areas that were measured: similarly to the first review, the second showed that there still was no compliance in safety, permanency or compliance. Round 3 shows that Tennessee has conformity in 5 of the 14 systemic areas. However, Safety Outcome 1 is now considered compliant. However, no other safety, permanency, or well-being outcomes were compliant.
Safety outcomes

Over the years, the safety outcomes have remained consistent; however, the items graded to achieve success or failure for that outcome have shifted. Looking at the graphics below changes to the variables can be seen across all three rounds of the review.

The first safety outcome is “Children are first and foremost protected from abuse and neglect.” When looking at safety, timeliness is a common thread, as pointed out in earlier chapters, the Department of Children Services has a pre-established window of initial contact on screened-in cases. In Round 1 (2002), Tennessee was compliant 84% of the time. In Round 2 (2009), compliance dropped to 53.3% of the time. In Round 3 (2017), Tennessee achieved substantial compliance at 95%. In order to achieve compliance, the government reviewed each state on the following data points for each of the listed year (US Department of Health and Human Services, 2002, 2009, 2017).

Figure 6.1   Comparison of data points score for Safety outcome 1 during the 3 rounds of CFSR

The second is a safety outcome titled “Children are safely maintained in their homes whenever possible and appropriate.” For this variable one of the data points looks at the requirement of service. Specifically, preventative services are intensive
serviced placed in the home to keep the child from entering foster care. For this outcome as a whole Tennessee was not in compliance in Round 1 (2002) with on 68.4% success. Round 2 (2009) showed the state falling slightly with compliance at 50.8%. Round 3 (2017) shows Tennessee in compliance 23% of the time. In order to achieve compliance, the government reviewed each state on the following data points for each of the listed year (US Department of Health and Human Services, 2002, 2009, 2017).

![Figure 6.2 Comparison of data points scored for Safety outcome 2 across 3 rounds of CFSR](image)

**Permanency outcomes**

Much like safety, the primary outcomes in Permanency have remained consistent. However, the data points that are used to achieve compliance have changed across the years. There has been the separation and combination of some the variables. It should be noted that between round 1 and round 2, there was an expansion of several of the data points. The Round 1 numbers showed that while there were very few states in compliance in any of the categories, there were some in compliance. Round 2 shows only ten states showed compliance in 1 category. Meaning that 6 of the 7 indices showed NO
compliance, in any state nationwide. The first permanency outcome is “children have permanency and stability in their living situation.” In 2002 for Round 1 Tennessee had 31% compliance. In Round 2 in 2009, there was only 27.5% compliance. Round 3 (2017) shows growth at 33% compliance. In order to achieve compliance, the government reviewed each state on the following data points for each of the listed year (US Department of Health and Human Services, 2002, 2009, 2017).

- Foster care reentry
- Stability of placement
- Permanancy goal for child
- Reunite with family
- Adoption
- Permanancy with training for independent living

Figure 6.3 Comparison of data points scored for Permanency outcome 1 on all rounds of CFSR

The second permanency outcome is “continuity of family relationships and connections is preserved for children.” In Round 1 (2002) Tennessee was non-compliant, only succeeding 37.9% of the time. In 2009 for Round 2 Tennessee climbed to 577% compliance, only to fall to 28% with Round 3 in 2017. In order to achieve compliance, the government reviewed each state on the following data points for each of the listed year (US Department of Health and Human Services, 2002, 2009, 2017).
Wellbeing outcomes

Well-being outcomes are as consistent across all three years of the review. However, some of the data points are separated into sub-points to get a more accurate look at the implementation of services. Well-being outcome one is titled “families have enhanced capacity to provide for their children’s needs.” Round 1 (2002) found Tennessee at 52% compliance, falling to 35.4% in Round 2 (2009) and worse to 15% in Round 3 (2017). In order to achieve compliance, the government reviewed each state on the following data points for each of the listed year (US Department of Health and Human Services, 2002, 2009, 2017).
Well-being outcome two is titled “children receive appropriate services to meet their educational needs.” All three rounds of the review used one single item to assess conformity, the state’s efforts to meet the educational attainment needs. Round 1 (2002) and 2 (2009) were both close to compliances, respectively coming in at 82.2% and 83.3%. Round 3 (2017) however, showed a sharp decrease for the state ranking at 55% compliance.

The last outcome is titled “children receive adequate services to meet their physical and mental health needs. Across all three rounds, the state is graded on 2 data points: States effort to meet physical health needs and states effort to meet mental health needs. Much like the previous outcome, in Rounds, 1 (2002) and 2 (2009) Tennessee
shows consistency at 69.4% and 66.1%, respectively. 2017’s 3rd Round, however, saw the state’s compliance take a dive coming in at (33%). In order to see Tennessee’s standings in comparison with the nation, please see Appendix D (US Department of Health and Human Services, 2002, 2009, 2017).

**Lack of mutual satisficability**

Because there is not a correct solution from child welfare, the field suffers from many problems. One of them is satisfication. We have already agreed that child abuse is terrible and that we cannot stop it, which would be the optimal solution; so instead, we are forced to take a solution that is good enough. The current policies and statues in place in child welfare are the best “bad” solutions. When we look at the number, we see high failure rates for reunification; however in comparison with projected numbers from other possible solutions, this solution fails the best. It optimizes the state’s use of child welfare funding while also giving families the best shot at remaining together or achieving reunification. Even though it falls between 30-50% of the time, it is still the best-offered solution. However, there is a limitation of satisficing, which is the lack of universal acceptance of “satisfactory.” Again, unclear standards, definitions, and protocols led to the acceptance of a system that is “satisfactory” without clearly defining what is satisfactory in the plight of ending child abuse.

One of the big problems within most social policy arenas is the competition of values. While these three ideas are all important; they can also be in direct conflict with the other. Society and federal statute have come to an agreement that safety is the highest priority when it comes to the protection of children. However, even within the
definitional borders of safety, there is no clear operationalization of safety. As can be seen from the Child and Family Service Report meeting standards of acceptable compliance is hard. There is an unclear set of standards that changes regularly, making achieving actual progress impossible.

Safety, permanency, and wellbeing are all multifaceted definitions that encompass many subsects. How can we ask workers to operationalize and successfully implement policies around these ideas, if we cannot even agree to a consistent form of grading compliance? How do we safely meet the needs of the family, while also making sure that permanency goals are met? What may be the safest for the child may not be in line with what is the best permanency outcome.

An example I had involved a couple with a multitude of functional and cognitive impairments: The couple birthed twins, who had inherited some of the parents’ impairments. You could not ask for two more loving parents. They wanted the children, adored the idea of having a family; The Department removed both children pending safety and well-being hearings. The family completed every step given by both the department and the court. It was not enough.

During a supervised visitation, the mother tried to step on her 2-month-old because “he should have known to move.” Despite months of classes and learning parenting skills, the couple could not provide a safe environment. Termination proceedings began, and the children exited custody via adoption. Luckily the adopting family loved the biological family and “adopted” them as well. In this case, one failed value made the family unable to retain custody of their children, and while I fully support the court’s decision, it has always stuck with me. Had we taken another approach, or had
we looked at it from the stance of ability to meet permanency or well-being outcomes, this family could very well have remained at risk and retained custody. This could have, and in my mind, would have ended in a child near fatality, or a child fatality.
CHAPTER VII
PERSISTENCE OF FEDERAL & STATE FUNDING

Funding for child welfare is dependent on support from federal, state, and local lawmakers. It takes a significant amount of money to keep child welfare entities running. This is not even accounting for attempts to lighten the already overburdened child welfare system by investing in more workers or the resources needed to ensure positive familial outcomes.

Federal funding as established by federal statutes

Federal statutory policy tends to be a complicated overlapping set of provisions that create misperceptions and chaos. However, when viewing child welfare statutes, one must note that each successive change has been implemented in an attempt to meet a challenge that has arisen. Like all policy arenas, child welfare has gone from one extreme to the other; from the protection of children predicated on the theory of removal as a solution to the theory of family preservation via services and reunification at the earliest possible time.

Historical timeline of legislation the established funding for child welfare

1935 passage of the Social Security Act marks the first official foray of the federal government into funding for state-level Child Welfare offices. This act established a system of federal benefits and allowed the states to make more adequate
provisions for people who were “dependents” (U.S Congress, 1935). Establishing Title V allowed the government to help states make sure that needy and dependent children are cared for. Part 3 Section 521(a) specifically addressed the care for children that are homeless, dependent, neglected, or at risk or becoming delinquent. Beginning on June 30, 1936, the sum of $1.5 million was authorized to be given to cooperating state public agencies to combat child abuse. Each state was to receive $10,000 upfront and the remainder of the money, not to exceed the preset amount, was to be based upon the implementation of plans to help children (U.S Congress, 1935). 1958 brought about revisions to the Social Security Act, which required states to match the amount of federal funding they received (Stolzfus, 2017).

In 1961 there was an amendment to Title IV-A titled the Aid to Families with Dependent Children (AFDC) Entitlement; allowing the use of funds as applicable towards the expense of foster care for children. With the understanding that the children had to be eligible for AFDC per a family court determination and that the removal and subsequent placement in foster care must be in the child’s best interest. While this passed in 1961, it was made mandatory with a follow-up amendment in 1969. In 1971 following new amendments what had previously been Title V became Title IV-B (Rollin, Vanervort, & Haralambie, 2005).

In 1974 with the passage of the Child Abuse Prevention and Treatment Act states were forced to implement their laws regarding mandatory reporting, reporter immunity,

---

14 This Act established a great deal of items that have affected the nation, for this paper Title IV is the focus
confidentiality, and appointment of guardian ad litem for children (Rollin et al., 2005, p. 145). Federal funding is conditioned on the implementation of these laws.

Following the 1980 passage of the Adoption Assistance and Child Welfare Act of 1980 newly adopted legislation required states to use reunification as the primary goal for children who entered foster care, by creating Title IV-E the Foster care and Adoption Assistance Entitlement Program. Other funding for Child welfare-based initiatives remained in their previously housed programs; Title IV-W separately authorized foster care funding. Because of a perceived goal of reunification over child safety, many children were left in dangerous situations. Funding for foster care was seen to be dependent on two things: reunification as the goal paired with successful outcomes related to the goal and foster care placements that met procedural safeguards under a federal statute (US Department of Health and Human Services, 2005).

In 1981 Passage of Title XX established a Social Services Block Grant (SSBG) in which states receive allocated funds as a block. They are then allowed to use the funds to meet the needs of individuals as they best see fit. Some of the services and items included are a daycare for children or adults, protective services for children or adults, individual services to people with disabilities, adoption, case management, health-related services, and housing. In both fiscal year 2018 and 2019, there were 1.7 billion dollars appropriated for this grant (Administration for children and families, 2016).

With the 1986 passage of Title, IV-E changes were made across the nation to foster care. Title IV-E added the independent living program that created programs in each state to assist children who were close to aging out of foster care for adulthood. Depending on the state children between 18 and 24 who are in transitional care lack the
resources and skills to achieve positive outcomes as adults. This program creates assistance for those children. It helps them apply to and get funding for college, assists with securing work and training for jobs. In some cases, they can remain a ward of the state until 24 as they complete college (Dworsky & Courtney, 2009).

Sensing that there was an inadequacy of funding to help families, the government in 1993 passed an amendment to Title IV-B. The amendment created a “Family Preservation,” “Support Services Program,” and a “State Court Improvement Program.” The Family preservation portion of the amendment is intended to help families that are at risk of having children removed and placed outside of the home. Previously in this work, this has been referred to as preventative services. Support services are intended for families that are not yet at risk, but to make sure that they do not have a crisis, and maltreatment does not occur (Courtney, 1998).

As previously discussed in this paper, Aid to Families with Dependent Children (AFDC) became Temporary Assistance for Needy Families (TANF) in 1996. This amendment eliminated the individual entitlement that was established under AFDC and instead created a block grant that would help meet the needs of families using the philosophy of “welfare to work.” The grant has a maximum benefit of 2 consecutive years and a five-year lifetime limit that requires all parents to find work within two years of receiving aid. There are a set number of hours that the parents are required to meet in order to receive the funding, single parents must work at least 30 hours, and a two-parent home is required to register 35 or 55 hours per week (Giannarelli, Heffernan, Minton, Thompson, & Stevens, 2017).
1997 brought about the passage of the Safe Families Act. This established safety as the primary goal in placement decisions. Also, it created the timelines that are used in permanency planning and expanded the funds used in the “Family preservation and support services from 1993 to also cover time-limited family reunification services and adoption portion and support services.

Following many of these changes have been numerous reauthorizations to these bills and acts. Most of them have both been altered via an amendment and reauthorized or are still in use by social services today. However, it is essential to know that the amount of federal funding is typically not enough to cover the overwhelming cost of caring for families in crisis or at risk. Primarily it is dependent on the amount of money that each state is spending per child. There is a drastic difference in the amount of money being spent. The newest data having been published on a per-child level is from 2014 and shows that the national average was $172 per child. Delaware spent the least federal money per child at $69 while not a state, the District of Columbia tops the list for federal dollars spent per child at $576.

**Relative breakdown of federal funding allocation**

As can be seen from the previous section, funding for child welfare comes to the state in a host of ways and varies drastically state to state. Total US Spending on child welfare in SFY 2016 was near 30 billion dollars, with federal funding making up 13.5 billion of the total amount. This is a 2 percent decrease since 2006, but a 7 percent increase since 2004 in the amount of federal funding.

107
The following graphic shows the amounts for each category as a section of the total amount. Title IV-E is the most substantial portion at 56% while other federal funds are the smallest at 3% (Rosinsky & Willaims, 2018)

![Pie Chart showing funding allocations]

**Figure 7.1**  Figure 1 Total US Spending on Child Welfare in SFY 2016

While the proportionality of the expenditures from federal funding has remained reasonably steady, each source’s total expenditure changed between SFY 2014 and 2016. Two of the programs show a decrease. Title IV-B shows a 6 percent decrease and Medicaid shows a 1 percent decrease. The other four all show increases. SSBG increased by 5 percent; Title IV-E increased by 8 percent (Rosinsky & Willaims, 2018).

**Program Breakdown**

Each of the significant funding avenues covers many programs and ways that money can be used. As such, it can be challenging to separate them, as they are
intertwined. However, some of the funding avenues have highly specific regulations tied to the use of the funds. One of these is Title IV-E

**Title IV-E**

Title IV-B section of the Social Security Act has two components. First, is a discretionary grant composed primarily of the Stephanie Tubbs Jones Child Welfare Services (CWS) program. These funds can be used for a broad spectrum coverage of items that relates to the prevention of maltreatment and abuse. Second is the Promoting Safe and Stable Families (PSSF) Program. This program is split and is partially discretionary funds and partially capped entitlements. This component primarily funds family support, preservation, reunification, and adoptions-promotion and support activities; with the caveat that 20 percent of the funds go to each of the service categories (DeVooght, 2013). Title IV-B spending shows a 6 percent decrease from SFY year 2014 to SFY 2016. While 32 states reported a decrease, 18 reported an increase. Tennessee showed one of the most significant decreases in this type of funding at a 33% decrease (Rosinsky & Williams, 2018).

**Title IV-B**

Title IV-B section of the Social Security Act has two components. First, is a discretionary grant composed primarily of the Stephanie Tubbs Jones Child Welfare Services (CWS) program. These funds can be used for a broad spectrum coverage of items that relates to the prevention of maltreatment and abuse. Second is the Promoting Safe and Stable Families (PSSF) Program. This program is split and is partially discretionary funds and partially capped entitlements. This component primarily funds
family support, preservation, reunification, and adoptions-promotion and support activities; with the caveat that 20 percent of the funds go to each of the service categories (DeVooght, 2013). Title IV-B spending shows a 6 percent decrease from SFY year 2014 to SFY 2016. While 32 states reported a decrease, 18 reported an increase. Tennessee showed one of the most significant decreases in this type of funding at a 33% decrease (Rosinsky & Willaims, 2018).

**Temporary Assistance for Needy Families**

Temporary Assistance for Needy Families (TANF) is a federal block grant for states to help families that are in crisis or dependent on governmental aid to make ends meet. TANF is primarily a cash assistance program that provides essential assistance to families (Schott, Floyd, & Burnside, 2018). Since it is flexible funding to help support children, some states heavily use TANF to fund foster care or adoption assistance for children that were not eligible under Title IV-E (Falk, 2017). Because the funds are not explicitly slated for child welfare purposes, some states may not have access or may have restricted or reduced funds from year to year. Eight states reported not using any of the TANF funding in SFY 2016 for child welfare activities that year (Rosinsky & Willaims, 2018). Overall even with the states that did not use TANF, there was a 9% increase in expenditures from SFY 2014 to 2016.

**Social Security Block Grant**

Social Services Block Grant (SSBG) is a flexible source of federal funding that is nonrestrictive to child welfare services; however, this is the guide for reporting purposes (Rollin et al., 2005). There are 28 different service categories defined in the federal
regulations for the SSBG related to child welfare. The two largest categories reported for the last two available years of data are child foster care service and child protective services (Rosinsky & Williams, 2018).

Each state determines which individuals are eligible for services that are funded by SSBG and distributes them via a formula based appropriation with no state match required. Two states reported that their child welfare agencies did not use the SSBG dollars for child welfare activities in SFY 2016. Even so, there was a 5 percent increase in the expenditures related to SSBG in the year. Indiana reported a 731% increase in their use of SSBG by child welfare agencies: while Rhode Island reported a 100 percent decrease. When asked to rank the most common category for the services utilized by child welfare agencies, states responded that foster care for children was the most common response. The second was child protective services, and the third was case management services (Rosinsky & Williams, 2018).

**Medicaid**

Medicaid is an entitlement program that provides health coverage and related services (Congressional Research Service, 2018). State and federal government share the cost of Medicaid based programs based on the families Federal Medical Assistance Percentage (FAMP). Children that qualify for Title IV-E programs are automatically eligible for Medicaid (DeVooght, 2013). States have the option to extend Medicaid coverage to all children in foster care, and 29 have chosen to do so (Rosinsky & Williams, 2018). Other children who are involved in some way with child welfare may qualify through other mechanisms for Medicaid.
In SFY 2016, 12 states reported that their child welfare system had no direct use of any Medicaid dollars. Overall there was a 1 percent decrease in the federal expenditures via Medicaid. Numerous states, including Alabama and Hawaii, reported a 100 percent decrease, while states like New Hampshire, reported a 304 percent increase (Rosinsky & Willaims, 2018).

**Other Federal Funds**

“Other federal funds” is a broad category that covers many different governmental streams of funding that can be used by child welfare agencies. It includes but is not limited to Veteran’s Administration Funds, Social Security Disability Insurance, Adoption Opportunities, Children’s Justice Act, and Maternal, Infant, and Early Childhood Home Visiting (Congressional Research Service, 2018).

Funding in this category showed a 9% increase between SFY 2014 and 2016. Hawaii shows the most substantial increase of 2190 percent (Rosinsky & Willaims, 2018). To see a chart that shows State/Local and federal funding, and the percentage that each is for statewide child welfare spending, please see Appendix E.

**State Funding**

State funding, much like federal funding can come from a multitude of sources. Like all other aspects of child welfare, each state funds child welfare differently. However, each state is responsible for covering some of the cost of child welfare initiatives. In SFY 2016 states spent a total of 16.4 billion dollars; as a national average, of the states polled provided more than half of the fund used. However, a closer look at the breakdown (see Appendix E) reveals that some states like Louisiana only provided
22% of the funding. Delaware, on the other hand, contributed 83% of the total amount spent on child welfare in the state (Rosinsky & Williams, 2018).

**Tennessee’s child welfare funding breakdown**

For SFY 2016, Tennessee’s collective public investment in child welfare totaled over 733 million dollars. The state split the cost of child welfare with the federal government, close to evenly. Tennessee provided 55% of the funding, and the federal government makes up the other 45% (Child Trends, 2018; Rosinsky & Williams, 2018). Tennessee spent $207 federal dollars and $248 state dollars per child in SFY 2014 (Connelly & Rosinsky, 2018). Tennessee, like every other state, receives funding and reimbursement from Title IV-E between 2014 and 2016, there was a 10% increase in this avenue of funding.

Figures 2-5 show graphics of the budget report that Tennessee has prepared yearly since 2007. Information is available going back to 2002; however, due to changes in state and federal regulations and policies regarding Child Welfare, some of the categories did not exist or were shown differently. Due to the lack of consistency, I tracked the ten most recent years available with stable variables.

Local and other non-governmental sources of funding for child welfare have remained constant through most of the years tracked. From SFY 2007 to SFY 2013 there were small changes, yet the amount was not drastically different. From SFY 2013 to current there has been a steady increase in the amount of money spent by these sources on child welfare (Emkes, 2011, 2012, 2013; Gotez, 2008, 2009, 2010; Martin, 2015, 2016, 2017).
Figure 7.3  Figures represented here are budgetary estimates as reported to the state legislature.

Figure 7.3 shows the amount of money that the state it’s self-allocated for child welfare endeavors. Like the previous graphs it also shows a stable amount, with small increases and decreases over the years (Emkes, 2011, 2012, 2013; Gotez, 2008, 2009, 2010; Martin, 2015, 2016, 2017).
Figure 7.4  Figures represented here are budgetary estimates as reported to the state legislature

Figure 7.4 shows federal spending on child welfare. It is the only one that shows sizeable changes in the amount of funding spent on child welfare in Tennessee. Between SFY 2013 and SFY 2014, there is almost a 50 million dollar change in the allocation of funds. Since SFY 2014, there has been a steady rise in the amount of money the federal government spends on Child Welfare.
Looking for reasons as to why there might have been an increase in federal and state spending during this timeframe for child welfare, the writer consulted many sources. I found that between 2013 and 2014 there was a 15.83 percent increase in the number of children with a type of investigation on assessment opened. The child population only increased by 3192 children, which is less than a 1% increase. The change in spending seems to coincide with an enormous scandal related to the Tennessee Department of Children’s Services in 2013. Earlier this paper addressed at length the long going battle following the Brian A. Lawsuit, and setbacks following the 2011-2013 refiling of the motion. In 2013 it because public knowledge that the department had still been failing to meet the needs of children who were in foster care. In fact, between January of 2009 and July 2012, the state reported that 151 children had died while in custody. However, in 2013 a follow-up lawsuit revealed that this number was incorrect and that the state had no
idea how many children had died in state custody. To make matters worse, they failed to comply with numerous requests for files citing privacy and safety concerns for children. On the heels of that more and more problems were brought to light, including calls going unanswered or being purposely disconnected by workers at the state’s child abuse hotline.

Following public and governmental outrage over the lack of change and inability of the department to make the changes necessary, the federal government agreed to increase the amount of money given to the state. The State of Tennessee directed funding, as you can see from figure 7.5, heavily towards custody services.

**Lack of mutual satisficability**

The federal government has tied much of the federal funding allotted for child abuse purposes to the success of the state to attempting reunification. They call it “reasonable efforts” and will only allow states to refuse to make them in extreme circumstances. Since states are dependent on a combination of federal and state funding, all of the stakeholders take part in the discourse regarding the funding and use of funding for child welfare initiatives. The problems come when the various child welfare divisions within the agency are competing with one another for funding. Upon looking at funding and child abuse rates, nothing conclusively shows that funding has a causal effect on the rates of abuse.

When you look at Delaware, which accepts the least federal money in comparison with Tennessee which uses a mostly even 45-55% split, and Louisiana who consumes the most federal money. The rates of abuse across those three states show no significant
change in relation to the amount of money that each state accepts to fight child abuse. As it were, it appears that funding is not a difference-making variable.

Tennessee reported 57.1 children in 2012 and 61.0 in 2016; this is a 7.5% increase in the abuse rate. Between 2012 and 2016, there was a 1% change in federal funding. Louisiana reported 32.3 children in 2012 and 30.1 in 2016; this is a 6.8% decrease. During this six-year window, Louisiana had an increase in the amount of federal funding. In 2012 73% of their funding was from the federal government, and in 2016 that number increased to 78%. Delaware reported 72.4 children in 2012 and 67.9 in 2016; this is a 6.4% decrease. Because all of the changes are less than 10%, they are less significant. In 2012 Delaware relied on 23% of the state’s fund for Child Welfare to come from the federal government, and in 2016 that had decreased to 17%. As you can see from these results, funding may have an impact on the functioning of the state, but it does not affect the rates of child abuse, either negatively or positively.

States that had the most significant changes between 2012 and 2016 were Pennsylvania at a 70% increase and Connecticut at a 27.9% decrease. Both relied on less than half of their Child Welfare funding from the Federal government in 2016; Pennsylvania was 39% funded by the federal government, and Connecticut takes 22% where numbers are slightly different from 2012 funding numbers, where Pennsylvania was 21% funded, and Connecticut was 36% funded.
CHAPTER VIII
CONCLUSION

Child Welfare, as can be seen from this dissertation, is a diverse field. Definitions, statutes, regulations, and situations vary state to state and municipality to the rural township. Because the field is multifaceted, it allows workers the fluidity to respond appropriately to each unique situation. They are offering a tailored plan for the family and its diverse needs. That fluidity is, however, a double-edged sword; the ability to be fluid can create an atmosphere in which the worker is making life and death decisions without the proper information. Also, a lack of cohesiveness across counties or states can lead to questions of ambiguity where the department is concerned. As previously mentioned, the worker can only see the outputs from the family’s decisions; as such when the worker is entering the information in the CANS, they are not able to fully grasp the complexity of the family issues.

A lack of understanding from the public about the complexity or depth of the work housed in one department illuminates the need for more transparency. However, transparency in Child Welfare is minimal; much of the work to be completed is heavily based on health needs, substance abuse, mental health needs, or educational needs. Because these require HIPPA and FERPA releases, it makes an effort to obtain achieve true transparency a challenge. Even when there are record requests, there are things that are redacted or not released, due to privacy.
Limitations

There are many limitations when looking at child welfare research. As previously mentioned, a lack of narrowly tailored universal definitions for child abuse makes generalizations across states more challenging. Other researchers have dealt with this issue. Trocme et al. (2011) found that continued efforts by researchers would assist with a more transparent system for response in terms of meeting the family’s needs. As we cannot always clearly delineate between children, who are being abused and those that are at risk of abuse these authors noted that shifting definitions could lead to different levels or response no matter how adequate training to mitigate the risk (Trocme et al., 2011).

Linick (2014) found that a lack of consistent definitions was in part to blame for the lack of evidence that supported or condemned the use of competition of educational reform. Building off of the work of Ni (2012) and Ni and Arsen (2010) he noted that broad and inconsistent definitions led to a blending of concepts under the broad umbrella of “competition.”(Linick, 2014). The works he used by Ni and Ni and Arsen, also found that the use of loose definitions and inconsistent boundaries led to results in Michigan’s school districts that were inconclusive. All three argued that the creation of a system that used uniform definitions would lead to more reliable and less ambiguous results(Linick, 2014; Ni, 2012; Ni & Arsen, 2010). Watkins and Liang (2014) looked at the use of varying definitions when describing book genres. Their findings show that the use of multiple definitions for “informational text” in journal articles led readers to mistakenly misinterpret the author’s results (Watkins & Liang, 2014). Knowing that multiple researchers in adjacent fields are also struggling with unclear or shifting definitions
helped create an early awareness of this limitation in my research. However, knowing and overcoming such a hurdle, are two different things; I still struggled with research, as even district by district in the state there were differences in what rose to the standard of safety or the level of abuse.

In tandem with a lack of uniform definitions, there is also a lack of uniform child welfare systems across the states. Since each state uses an independent statewide tracking system, separate response units, different criminal punishments, and designations; it is challenging, as a researcher, to make generalizable statements about more than one state. Tennessee is individual, just like every other state. While each state may appear similar to neighboring states when looking at their infrastructure, implementation, and agency hierarchy, there is no way to apply findings from one state to another.

Absence of case-level data is one of the most pressing issues for researchers in child welfare. As mentioned above, HIPPA and other privacy laws have created some conundrums; Is it better to respect the privacy of a family, or understand the breakdown of the families in an attempt to staunch future breakdowns. If researchers were able to follow a case from start to finish, there would be an increased chance at positive outcomes for families as a whole. Since the information provided to the department is heavily identifiable and would violate privacy laws, lack of case-level data makes it impossible to diagnose what goes wrong with families that interact with the department, achieve reunification, and yet again end up with departmental interference into the family.

There are several holes in the literature for child welfare, as I mentioned when writing about them. There is much research that focuses on the failures of reunification
and the multitude of reasons they fail; however, there is not much research on the side of successful reunification. The few I found were limited, and typically looked at reunification from a specific angle. Additionally, there is litter research looking at the use of social capital in families that have come into contact with state Child Welfare Agencies. As so this vast resource is going undervalued and unexplained in the field. Lastly, there is a lack of research that looks at the effect that inpatient/outpatient treatment has on families that are struggling to reunite, or following reunification.

Findings

Previously, I have talked about satisficability or the choice of a less than optimal solution. The optimal solution in child welfare would be no children living in abusive homes, and it is unachievable. As no abuse is an impossible solution, we must then seek another solution. The solution we accept is that safety is the paramount issue. Permanency and wellbeing, while important, is not the critical concern when a child is in danger. Current policy is chosen because it is the best bad solution. It fails the best.

Federal policy currently creates a system that allows children to enter foster care, exit, and re-enter because of a dependency on “reasonable efforts.” The policies ensure that families get the benefit of the doubt, and the chance to reunify with their children. At the same time, states ensure that they acquire federal funding, which assists families that are at risk of losing custody or are separated. While it can be an endless cycle of removal and reunification, it is the best “bad” solution. It is the best solution to meet most of the outcomes required by federal and state statute to be considered successful. The policy is “good enough.”
Using the State of Tennessee’s Department of Children Services as a case study, allowed me to get an in-depth look at a general problem. I as a researcher had preconceived notions, based on first-hand practical experiences. One is that Tennessee had decreasing amounts of abuse. From my time at the department, I was under the impression that with federal intervention, the state had improved its outcomes. In some instances, it did. However, when looking at the rate of abuse per 1000 children, the rate increased from 2013 to 2017. Current numbers place the abuse at 60.5 children per 1000, which is above the national average of 47.1

Second, I believed that Child Welfare suffered from a lack of funding. During the time I served as an investigator, there were numerous meetings when workers were told “cuts to the budget are coming down” “learn to do more with less” “use community resources, not departmental resources if you can help it.” However, upon exploration the relationship between federal funding and child abuse rates, I found that there is no causation. If there is a correlation, it is minor, and it is nonlinear.

As you can see in chapter six, funding did not make an exact negative or positive impact on rates of abuse. It also did not see a decrease in funding or an increase in funding decreases. As such, there is no direct link between the two.

In addition to the case study, I interviewed six child welfare workers in Tennessee. Workers who agreed to participate in the interview identified as workers from every area of child welfare. Caseworkers, service providers, guardian ad litem, foster care workers, and Assistant District Attorneys agreed to speak to me. Some have worked in more than one area of child welfare, some are no longer in child welfare, and
some are retired. Questions asked in the interview related to the worker’s conception of resources, reunifications failures, and successes.

A common theme identified in all of the interviews was workers and their sense of funding issues. One interviewee stated that the most significant hardship faced while working with families was “limited resources available to meet their needs” another stated that Tennessee “did not understand the total cost to raise a child.” Commonly, when asked about resources, the workers responded that the state tried to do the best it could with “limited resources.” A worker who has spent 26 years in child welfare noted that they had seen first hand that a lack of resources led to the loss of familial bond, especially when the parent was attempting in-patient treatment.

Workers that agreed to be interviewed and had taken part in removals stated that roughly half of the children they removed never returned to the parents. Those who were not directly involved in the removal process stated that their work with families post-removal illuminated new problems. Often they found and that a large part of the problem when attempting reunification measures was that the parent returned to the environment that fostered the need for removal in the first place. One worker called it a “vicious cycle” and suggested that grandparents and other relative placements were raising many children in Tennessee; however they noted that this had dwindled due to changing policies and families that could no longer meet DCS standards because of these policy changes. One worker alluded to the fact that parenting was the standard class for parents who lose custody as the problem. They stated that additional funding should be used to plan for other classes to teach families based on their needs.
Another commonality between all the workers was the effect they noted that the removal had on the children/families. Respondents all noted that children suffer greatly from a removal, at least psychologically. One worker noted that children suffer because even though they were abused, that family is all they know, and the abuse in their mind is a sign of love. Another worker noted that children suffer, but the longer they are in a loving foster placement the better the child does. One worker pointed out that it can be challenging to see positive changes in the child when their placement is not permeant. An additional worker noted that the abuse they investigated was often generational, and rarely showed real changes and successful outcomes for reunification.

Overall the workers agreed that they worked between a 40 and 60-hour workweek. However, some identified that they would work from home and refuse to report the overtime. Others reported stated that outside of work, they would spend 10-20 hours a week seeking outside resources to help families.

Overall the interviewees confirmed the literature in the field. Overworked, overburdened, and underpaid the workers tend to neglect their health and personal lives in order to help the families they serve. Of the workers I interviewed, three have left the field for work that is less stressful. Most of the workers acknowledged frustration at the lack of resources and the long hours. This frustration can lead to hopelessness and accelerate the rate of burnout experienced by workers. However, they all focused on funding as the leading resource problem. All of them were adamant that funding was a vital issue; some stated funding was misused while others stated that there was not enough funding.
Last, while researching, I had to deal with a great deal of ambiguity in the field. I knew in the early stages of the dissertation research; there were problems of ambiguity and a possibility of mutual exclusivity when it came to the competing goals of child welfare. However, I was not aware of the extent. Safety, permanency, and wellbeing, while not mutually exclusive, compete for the position of primary concern much of the time. What is the safest for the child may not be the most permanent situation. The situation that is most likely to meet the child’s needs that contribute to wellbeing may not be the safest. However, the federal government has established that safety is the paramount concern. When safety is a concern, issues related to permanency and wellbeing become back burner issues. Since safety is a significant concern, we know that it can drive the public disclosure of a scandal. Not only do we see this in child welfare, according to Gainsboro (2010) but other research fields have also noted it.

Chen (2015) found that a 2008 Melamine milk scandal in China was primarily due to unregulated growth in the Chinese dairy industry. A lack of food safety regulation, paired with the contamination of powdered milk for infants led to a national outcry. Similarly, according to childcare study by Drakeford and Butler (2007) found that a scandal is necessary to make improvements to a field, which the authors noted in childcare in Britain. By drawing public attention a safety issue related to policy failure, the scandal brings deliberate change. Bloom (2006) found that the fragmentation that comes with traumatic experiences, which quickly become scandals, impedes humans from functioning at their highest capacity. They relate it to Maslow’s Hierarchy and establish safety as one of the most pressing needs for humans. The scandal that directly
identifies a safety issue creates concern in human. As such, I find that the need for safety drives the public disclosure of scandals.

**Future Research**

Going forward, I would like to continue to look at failures in reunification rates. I hope to be able to do an in-depth quantitative analysis that would allow me to run numerous regressions testing the multitude of variables that data exist for and see if there is some causation for failure rates. I would also like to address a hole in social capital literature in child welfare research.
REFERENCES


Brian A., ET AL. V. Donald Sunquist, ET AL. , 3:00-0445 (United States District Court Middle District of Tennessee Nashville Division 2003).


https://doi.org/10.1097/MD.0000000000002622


*DeShaney v. Winnebago County Department of Social Services*, 489 U.S. 189 (Supreme Court February 22, 1989).


https://doi.org/10.1287/orsc.4.4.595


155
Tennessee Code Title 39- Criminal offenses chapter 15-offenses against the family part4-


*Title IV-E foster care eligibility reviews and child and family services state plan reviews.* Fed. Reg. 50,061 § (1988).


FULL STATUTE FOR STATE OF TENNESSE CHILD ABUSE
(a) Any person who knowingly, other than by accidental means, treats a child under eighteen (18) years of age in such a manner as to inflict injury commits a Class A misdemeanor; provided, however, that, if the abused child is eight (8) years of age or less, the penalty is a Class D felony.

(b) Any person who knowingly abuses or neglects a child under eighteen (18) years of age, so as to adversely affect the child's health and welfare, commits a Class A misdemeanor; provided, that, if the abused or neglected child is eight (8) years of age or less, the penalty is a Class E felony.

(c) 
   (1) A parent or custodian of a child eight (8) years of age or less commits child endangerment who knowingly exposes such child to or knowingly fails to protect such child from abuse or neglect resulting in physical injury or imminent danger to the child.
   (2) For purposes of this subsection (c):
      (A) "Imminent danger" means the existence of any condition or practice that could reasonably be expected to cause death or serious bodily injury;
      (B) "Knowingly" means the person knew, or should have known upon a reasonable inquiry, that abuse to or neglect of the child would occur which would result in physical injury to the child. The risk must be of such a nature and degree that the failure to perceive it constitutes a gross deviation from the standard of care that an ordinary parent or legal custodian of a child eight (8) years of age or less would exercise under all the circumstances as viewed from the defendant's standpoint; and
      (C) "Parent or custodian" means the biological or adoptive parent or any person who has legal custody of the child.
   (3) A violation of this subsection (c) is a Class A misdemeanor.

(d) 
   (1) Any court having reasonable cause to believe that a person is guilty of violating this section shall have the person brought before the court, either by summons or warrant. No arrest warrant or summons shall be issued by any person authorized to issue the warrant or summons, nor shall criminal charges be instituted against a child's parent, guardian or custodian for a violation of subsection (a), based upon the allegation that unreasonable corporal punishment was administered to the child, unless the affidavit of complaint also contains a copy of the report prepared by the law enforcement official who investigated the allegation, or independent medical verification of injury to the child.
   (2)
(A) As provided in this subdivision (d)(2), juvenile courts, courts of general session, and circuit and criminal courts, shall have concurrent jurisdiction to hear violations of this section.

(B) If the person pleads not guilty, the juvenile judge or general sessions judge shall have the power to bind the person over to the grand jury, as in cases of misdemeanors under the criminal laws of this state. Upon being bound over to the grand jury, the person may be prosecuted on an indictment filed by the district attorney general and, notwithstanding § 40-13-103, a prosecutor need not be named on the indictment.

(C) On a plea of not guilty, the juvenile court judge or general sessions judge shall have the power to proceed to hear the case on its merits, without the intervention of a jury, if the person requests a hearing in juvenile court or general sessions court and expressly waives, in writing, indictment, presentment, grand jury investigation and a jury trial.

(D) If the person enters a plea of guilty, the juvenile court or general sessions court judge shall sentence the person under this section.

(E) Regardless of whether the person pleads guilty or not guilty, the circuit court or criminal court shall have the power to proceed to hear the case on its merits, and, if found guilty, to sentence the person under this section.

(e) Except as expressly provided, this section shall not be construed as repealing any provision of any other statute, but shall be supplementary to any other provision and cumulative of any other provision.

(f) A violation of this section may be a lesser included offense of any kind of homicide, statutory assault, or sexual offense, if the victim is a child and the evidence supports a charge under this section. In any case in which conduct violating this section also constitutes assault, the conduct may be prosecuted under this section or under § 39-13-101 or § 39-13-102, or both.

(g) For purposes of this section, "adversely affect the child's health and welfare" may include, but not be limited to, the natural effects of starvation or dehydration.

(h) The court may, in addition to any other punishment otherwise authorized by law, order a person convicted of child abuse to refrain from having any contact with the victim of the offense, including, but not limited to, attempted contact through Internet services or social networking web sites; provided, that the person has no parental rights to such victim at the time of the court's order.
TIMELINE FOR MAJOR CHILD WELFARE EVENTS
Child Welfare Information Gateway Timeline


1975 National Clearinghouse on Child Abuse and Neglect (NCCAN) Information is created.


1983 First National Child Abuse Prevention Month proclamation is issued.

1983 President Reagan issues the first presidential proclamation for National Foster Care Month.


1988 National Adoption Information Clearinghouse is created.

1988 PL 100-245, Child Abuse Prevention and Treatment Act Amendments of 1986 (Title IX, Subtitle D, Part D) authorizes the National Adoption Information Clearinghouse.

1989 Wearing a blue ribbon in April becomes synonymous with National Abuse Prevention Month.

1992 The National Resource Center for Special Needs Adoption is created; the National Resource Center on Family Violence replaces the Family Violence Clearinghouse.

1996 First NCCAN website is launched.

1996 PL 104-235, Child Abuse Prevention and Treatment Act Amendments of 1996 abolishes NCCAN and the Inter-Agency Task Force; the Children's Bureau is reorganized and the Office on Child Abuse and Neglect (OCAN) is created.

2000 The first National Adoption Month (NAM) website is launched. Visit the current NAM website at https://www.childwelfare.gov/topics/adoption/nam/

2000 The first National Child Abuse Prevention Month website is launched. Visit the current website at https://www.childwelfare.gov/topics/preventing/preventionmonth/


2006 The Child Welfare Information Gateway website is launched.

2006 The National Clearinghouse on Child Abuse and Neglect Information and the National Adoption Information Clearinghouse are consolidated to form Child Welfare Information Gateway.

2008 The National Foster Care website is launched. Visit the current website at https://www.childwelfare.gov/topics/fostercare/

2008 LiveChat with information specialists is added to the Child Welfare Information Gateway website.

2011 The first issue of Child Welfare in the News is released (Subscribe at https://www.childwelfare.gov/subscribe/)

2016 The National Foster Care and Adoption Directory app goes live (Check it out at https://www.childwelfare.gov/nfandad/)

Child Welfare Information Gateway
Protecting children • Strengthening families
TENNESSEE REGIONAL DCS BREAKDOWN
INTAKE FLOWCHART TN DCS
CANS STRUCTURE TN
### Tennessee Cans 2.0 Basic Structure

The Child and Adolescent Needs and Strengths expands depending upon the needs of youth and the family. Basic core items are rated for all youth and parents or unpaid caregivers. Individualized Assessment Modules are triggered by key core items (see italics below). Additional questions are required for the decision models to function.

#### Core Items

<table>
<thead>
<tr>
<th>Caregiver Resources &amp; Needs</th>
<th>Youth Strengths</th>
<th>Cultural Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment to Trauma Experiences</td>
<td>Family Strengths/Support</td>
<td>Language</td>
</tr>
<tr>
<td>Medical/Physical</td>
<td>Interpersonal/Social Connectedness</td>
<td>Traditions and Rituals</td>
</tr>
<tr>
<td>Developmental</td>
<td>Educational Setting</td>
<td>Cultural Stress</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Vocational</td>
<td></td>
</tr>
<tr>
<td>Substance Use</td>
<td>Optimism</td>
<td></td>
</tr>
<tr>
<td>Parental Criminal Activity</td>
<td>Talents and Interests</td>
<td></td>
</tr>
<tr>
<td>Supervision</td>
<td>Spiritual/Religious</td>
<td></td>
</tr>
<tr>
<td>Discipline</td>
<td>Cultural Identity</td>
<td></td>
</tr>
<tr>
<td>Involvement in caregiving Functions</td>
<td>Community Life</td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td>Relationship Permanence</td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td>Resiliency</td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Natural Supports</td>
<td></td>
</tr>
<tr>
<td>Social Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Stability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Traumatic Experiences</td>
<td>Youth Life Functioning</td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Family Functioning</td>
<td></td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>Living Situation</td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>Social Functioning</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>Developmental/Intellectual</td>
<td></td>
</tr>
<tr>
<td>Medical Trauma</td>
<td>Recreational</td>
<td></td>
</tr>
<tr>
<td>Witness to Family/School/Community Violence</td>
<td>Legal</td>
<td></td>
</tr>
<tr>
<td>Natural or Manmade Disaster</td>
<td>Medical/Physical</td>
<td></td>
</tr>
<tr>
<td>War/Terrorism Affected</td>
<td>Sleep</td>
<td></td>
</tr>
<tr>
<td>Victim/Witness to Criminal Activity</td>
<td>Sexual Development</td>
<td></td>
</tr>
<tr>
<td>Disruptions in caregiving/Attachment Losses</td>
<td>School Attendance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>School Behavior</td>
<td></td>
</tr>
<tr>
<td></td>
<td>School Achievement</td>
<td></td>
</tr>
</tbody>
</table>

#### Youth Behavioral/Emotional Needs

- Psychosis (Thought Disorder)
- Attention/Concentration
- Impulsivity/Hyperactivity
- Depression
- Anxiety
- Oppositional Behavior
- Conduct
- Substance Use
- Attachment Difficulties
- Eating Disturbances
- Anger Control

#### Youth Risk Behaviors

- Suicide Risk
- Non-Suicidal Self-Injurious Behavior
- Other Self-Harm
- Danger to Others
- Runaway
- Fire Setting
- Sexually Reactive Behavior

- Sexual Aggression
- Delinquent Behavior
- Decision-Making
- Intentional Misbehavior
- Bullying Others
- Victimization/Exploitation


CFSR OUTCOMES RESULT TABLE
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NATIONWIDE</strong></td>
<td><strong>Y/N (%)</strong></td>
<td><strong>Y/N (%)</strong></td>
<td><strong>Y/N (%)</strong></td>
</tr>
<tr>
<td><strong>Round 1</strong></td>
<td><strong>N=51</strong></td>
<td><strong>N=49</strong></td>
<td><strong>N=</strong></td>
</tr>
<tr>
<td><strong>Achieving substantial</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>compliance (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Safety Outcomes**

1. Child protection
   - 6 (12%)
   - NO (84.6%)
   - 0 (0%)
   - NO (53.3%)
   - YES (95%)

2. In home safety
   - 6 (12%)
   - NO (68.4%)
   - 0 (0%)
   - NO (50.8%)
   - NO (23%)

**Permanency**

1. Living situation
   - 0 (0%)
   - NO (31%)
   - 0 (0%)
   - NO (27.5%)
   - NO (33%)

2. Family preservation
   - 7 (14%)
   - NO (37.9%)
   - 0 (0%)
   - NO (57.5%)
   - NO (28%)

**Well-Being**

1. Family capacity
   - 0 (0%)
   - NO (52%)
   - 0 (0%)
   - NO (35.4%)
   - NO (15%)

2. Services
   - 16 (31%)
   - NO (82.2%)
   - 10 (20%)
   - NO (83.3%)
   - NO (55%)

3. Health Needs
   - 1 (2%)
   - NO (69.4%)
   - 0 (0%)
   - NO (66.1%)
   - NO (33%)
CHILD WELFARE SPENDING
### Figure 4. Proportion of states' total child welfare expenditures from federal and state/local sources in SFY 2016

<table>
<thead>
<tr>
<th>State</th>
<th>Federal</th>
<th>State/local</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisiana</td>
<td>78%</td>
<td>22%</td>
</tr>
<tr>
<td>Missouri</td>
<td>73%</td>
<td>27%</td>
</tr>
<tr>
<td>Idaho</td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>South Carolina</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>Michigan</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>Arkansas</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>New Mexico</td>
<td>59%</td>
<td>41%</td>
</tr>
<tr>
<td>Illinois</td>
<td>59%</td>
<td>41%</td>
</tr>
<tr>
<td>Florida</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>Oregon</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>California</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>Iowa</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>Georgia</td>
<td>51%</td>
<td>49%</td>
</tr>
<tr>
<td>Arizona</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Mississippi</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>West Virginia</td>
<td>48%</td>
<td>52%</td>
</tr>
<tr>
<td>Texas</td>
<td>47%</td>
<td>53%</td>
</tr>
<tr>
<td>Washington</td>
<td>47%</td>
<td>53%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>45%</td>
<td>55%</td>
</tr>
<tr>
<td>Indiana</td>
<td>45%</td>
<td>55%</td>
</tr>
<tr>
<td>Ohio</td>
<td>44%</td>
<td>56%</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>Hawaii</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>South Dakota</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>43%</td>
<td>58%</td>
</tr>
<tr>
<td>Utah</td>
<td>42%</td>
<td>58%</td>
</tr>
<tr>
<td>Nevada</td>
<td>41%</td>
<td>59%</td>
</tr>
<tr>
<td>Connecticut</td>
<td>39%</td>
<td>61%</td>
</tr>
<tr>
<td>Wyoming</td>
<td>39%</td>
<td>61%</td>
</tr>
<tr>
<td>Montana</td>
<td>38%</td>
<td>62%</td>
</tr>
<tr>
<td>Kentucky</td>
<td>38%</td>
<td>62%</td>
</tr>
<tr>
<td>Virginia</td>
<td>38%</td>
<td>62%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>37%</td>
<td>63%</td>
</tr>
<tr>
<td>New York</td>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>35%</td>
<td>65%</td>
</tr>
<tr>
<td>Kansas</td>
<td>35%</td>
<td>65%</td>
</tr>
<tr>
<td>DC</td>
<td>35%</td>
<td>65%</td>
</tr>
<tr>
<td>Colorado</td>
<td>34%</td>
<td>66%</td>
</tr>
<tr>
<td>Alaska</td>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td>Maine</td>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>Minnesota</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>Maryland</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>25%</td>
<td>73%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>25%</td>
<td>73%</td>
</tr>
<tr>
<td>Delaware</td>
<td>12%</td>
<td>88%</td>
</tr>
</tbody>
</table>

Note: Puerto Rico and Vermont are omitted from this chart because they did not complete a survey for SFY 2016. Alabama is omitted from this chart because the state was unable to report state/local expenditures. Nebraska and North Dakota were unable to provide...