



CHILD AND FAMILY JOURNAL OF INNOVATIVE PRACTICE AND RESEARCH



TOPIC: Community-Based Care

— Vol. 5 Issue I

About the Cover Design:

Since its inaugural issue in 2020, the *Child and Family Journal of Innovative Practice and Research* has been a home for integrating research and practice from universities, clinical centers, and communities. Our logo represents our dedication to innovation and sparking new ideas and connections, while being held up by the core value of the dignity and worth of the human person. The photo on the cover depicts a 2016 mural by the French-Tunisian artist eL Seed, painted on the side of the University of Houston Graduate College of Social Work building. The 60x40 ft² “calligraffiti” work depicts a quote by Sam Houston, translated into Arabic: “Knowledge is the food of genius, and my son, let no opportunity escape you to treasure up knowledge.” Read more about eL Seed’s mural [here](#). Photo was originally published in the UH GCSW Photo Gallery “eL Seed Mural 2016.” Logo and cover design by Hailey Park, for the *Child and Family Journal of Innovative Practice and Research* at the University of Houston.

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JOURNAL AIM

Child and Family Journal for Innovative Practice and Research

Child and Family Journal for Innovative Practice and Research (CFJ) provides an integrated practice-research platform for all child and family programs, agencies, and institutions in the United States and globally to share child welfare research and practice experiences. It aims to provide updated and creative information to promote child and family well-being in communities, universities, and clinical or research centers. Our contributors are scholars and practitioners working to share knowledge, practice insights, service outcomes, and sources of professional development from local to international.

Background

The CFJ is sponsored by the Child and Family Center for Innovative Research (CFCIR) and the Graduate College of Social Work (GCSW) at the University of Houston (UH). The CFCIR aligns with the GCSW to improve youth and family well-being, strengthen interpersonal relationships, and promote social justice. Under the center branches, the Child Welfare Education Project (CWEP) is a program in partnership with federal Title IV-E programs to prepare Master's level social work students to pursue a child welfare career and promote workforce effectiveness in public child welfare. Additionally, CWEP prepares its students to develop reliable systems and professional networks locally, statewide, nationally, and internationally. Furthermore, the CFCIR supports faculty and social work researchers in conducting innovative research and practice for children and families. These multilevel connections highlight the Center's commitment to providing innovative care on micro, mezzo, and macro levels to children and families; empowering students, faculty, practitioners, and researchers to succeed in their careers; promoting social justice; and decreasing racial disparities in both local and global communities.

Aim and Scope

Along with the mission of the CFCIR and GCSW at the University of Houston, the CFJ aims to provide a platform for describing the multilevel partnerships in the child and family sector. It also delivers updates on child and family practices, creative research ideas and outcome data, policy summaries, and educational development reflections that aim to strengthen and expand the field of child and family services.

The CFJ values summaries or progress reports of any form focusing on child and family services, such as short stories, case studies, poems, personal or professional reflections, artwork, photos, book reviews, and other innovative works. All publications must reflect the core values and ethics of social work. One volume, each with two issues, will be distributed annually. Submission and publication are made online without additional cost or compensation to the contributors. The contributors must include a statement with their submission that it is their original work, not considered or published in other sources. References are cited in [APA 7th Edition style](#).

Mission

- Develop bridges between practice and research by sharing innovative works, updates, and experiences among professionals, faculty, staff, and students for use in child and family services.
- Make research within the field of child and family studies accessible to the general public, from any background, by publishing in an online and open-access format.
- Highlight the importance of child and family services and collaboration within the field, through professional exchange among multilevel partnerships, to promote social work practice and academic development.



FEATURED ARTICLE

Privatization of Child Welfare: Underlying Theory and Ideology

ABSTRACT

Many states in the U.S. are currently in the midst of drastic changes in the way they provide foster care services. Some underlying theories and reasons for the privatization of child welfare services include New Federalism and the perspective that the government is ineffective at service delivery. These ideologies indicate that privatization will be more cost-effective, frequently operating under either a fee-for-service or performance-based model. Lastly, examining child welfare as a quasi-public good implies that private organizations and individuals will be motivated to help children and families through the combination of altruism, the “warm glow” effect, and accounting for individual differences.

KEYWORDS

Child welfare, privatization, foster youth, New Federalism, fee-for-service model, performance-based model, warm-glow model, altruism

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At any given time, there are nearly 400,000 children in foster care in the United States (US DHHS, 2017a). While these youth represent a small proportion of the population of youth served by the child welfare system, they comprise much of the system costs and are at risk for a myriad of outcomes. Youth in foster care are at increased risk for negative outcomes, including lower academic performance, mental illness, chronic physical health concerns, rule-breaking behavior, and homelessness (Jaudes, et al., 2012; Jonson-Reid, Dunnigan & Ryan, 2018; Romano, Babchishin, Marquis & Frechette, 2015; Simms, Dubowitz, & Szilagyi, 2000).

The total economic burden associated with children in foster care is daunting, considering the costs of mental health treatment, law enforcement, and acute medical treatment (Gelles & Perlman, 2012). The high costs, coupled with changing political ideologies, resulted in a move toward privatizing child welfare systems across the United States. Proponents of privatization believe that innovation and cost-savings can only be realized if the government is no longer providing services (Morgan and England, 1988). Federalism is one of the most influential aspects of American political ideology related to the argument for privatizing child welfare services (Gerston, 2007; LaCroix, 2010).

New Federalism

Federalism is a division of power between a central government and smaller local governments (Gerston, 2007). It generally refers to a strong central government and policies that reflect its power. New Federalism is the political ideology that the federal government should transfer powers to local and state

governments (Gerston, 2007). New Federalism has come to mean a belief that services and governmental responsibilities are more efficiently provided by state governments in comparison to the federal government.

The rise of New Federalism came into prominence at the same time as

New Federalism has come to mean a belief that services and governmental responsibilities are more efficiently provided by state governments in comparison to the federal government.

President Reagan's "devolution revolution" (Downs, 1996). This effort transferred federal government powers to the states to implement as they saw fit, resulting in the wide implementation of block grants from the federal government to states to resolve social issues (Crum, 1998; Freeman, 2003; Freundlich & Gerstenzang, 2003). Despite these reforms, permanency and stability remain a major focus of policy and program efforts in child welfare.

In addition to concerns about outcomes for youth in foster care, concerns have also arisen around the costs. The economic burden for one child involved in the child welfare system is \$73,094 (in 2012 USD), and the nationwide estimates are over 29 billion dollars for the direct costs associated with the child welfare system (Gelles & Perlman, 2012). Daro (1988) estimated that long-term foster care costs nearly \$646 million, which, due to inflation, was 1.3 billion in 2015. While states have privatized both in-home and foster care services, the dominant focus has been on foster care (Flaherty, Collins-Camargo & Lee, 2008). Yet despite the long history, little is known about whether this reform has resulted in better outcomes for youth in foster care. Perhaps the most dominant focus on disparities in timely and positive exits has been related to race—most typically African American children compared to others (Courtney, 2012). While privatization may be implemented to improve outcomes at a reduced cost, it remains unknown if the impacts are consistent across subpopulations.

Child Welfare as a Public Good

Samuelson (1954) identifies public goods as those where "one man's consumption does not reduce some other man's consumption." Child welfare services are a quasi-public good because there are limits or exclusionary factors regarding who can consume the good. With the onset of privatization, there is competition in service and good delivery. The affiliated services that are part of the greater child welfare system, such as mental health, parenting, and other supportive services that families involved in the child welfare system utilize, also constitute a quasi-public good.

The level of exclusionary factors varies by the decision-making point in child welfare (e.g. entry, placement, exit). All youth who are alleged to be maltreated according to state policies are federally mandated to receive an assessment or an investigation provided by the governing child welfare system in a particular jurisdiction (US DHHS, 2017a). While there is no numerical limit to the number of children that can be served, policy and practice shifts are enacted to decrease the burden on the system (Antler & Antler, 1978; Jimenez, 1990). Approximately 1.3 million children received some sort of service following a report in 2015 (US DHHS, 2017b). While the child welfare system is a quasi-public good, it is still subject to the free-rider problem, one of the dominant problems associated with the theory of public goods (Samuelson, 1954). The free-rider problem occurs when individuals access services that they do not pay for, leading to the possibility of service overuse. The expansion of privatized child welfare services indicates a belief that the free-rider problem would be overpowered by a combination of three factors: altruism, the "warm glow" model, and individual difference.

Altruism refers to selfless motivation to help others, whereas the warm glow model is based on the idea that individuals feel good when they support a particular public good – in this case, children and families served by the child welfare system. One factor that is thought to engage the public and increase motivation to support a privatized model is the warm glow model (Andreoni, 1988, 1989). Individual variation in altruism and warm glow would vary depending on interpersonal connections. For example, an individual with a positive personal connection to the child welfare system would, therefore, be likely to contribute more when compared to an individual with no personal connection or a negative opinion of the child welfare system. Altruism, the "warm glow" model, and the importance of individual differences are evident in the arguments for privatizing the child welfare system and in the fundraising efforts used to sustain private child welfare entities.

Market Forces

Another common argument for a privatized market is that the government is inefficient at service delivery. Another perspective is that market forces and competition will improve service delivery and consequently result in cost savings. Competition for the delivery of public goods connotes not only a prioritization of efficiency but of cost-saving measures as well. These are the cornerstone arguments behind the move to privatize not just child welfare services but all public goods (Blackstone & Hakim, 2003).

Proponents of the privatization of child welfare have argued for the reliance on the free market force of competition for the delivery of foster care case management, adoption services, and family preservation services (McCullough and Schmitt, 2000, Blackstone, Buck & Hakim, 2004;). Critics of the approach, however, also point out that there may be a disincentive to focus on the child's best interest in order to meet specific targets written into contracts for private agencies (McBeath & Meezan, 2009).

Privatization Mechanisms

Since the late 1990s, most states' child welfare systems have established some privatization initiatives (Crum, 1998). The earliest initiative was in 1992, with one district in Florida contracting services with a single private agency to provide services to 150 children in foster care (McCullough and Schmitt, 2005). By 2000, 29 states had differing privatization initiatives that ranged from a single jurisdiction to a statewide system of contracted private agencies (McCullough and Schmitt, 2005).

The variation in structural designs and scope of privatization initiatives makes it difficult to compare effectiveness across states (Collins-Camargo, McBeath & Ensign, 2011). Generally speaking, the structure relies on a contracted lead private agency to manage a service delivery network of other private agencies. The lead agency in this model is best compared to a managed care entity (MCE) where the MCE is responsible for differing degrees of responsibility from providing and coordinating resources. (McCullough and Schmitt, 2000).

There are two dominant types of privatization contracts: fee-for-service and performance-based contracts (Freundlich and Gerstenzang, 2003). A private agency is reimbursed based on the services rendered in a fee-for-service system. States that utilize performance-based contracts choose to prioritize and incentivize specific outcomes for the contracted agencies. The outcomes of statewide privatization efforts within the child welfare system vary based on the method used and its implementation. The mixed results are equally attributed to the over-reliance on political ideology and the ill-equipped state infrastructure unable to scale up a statewide initiative (Ensign & Metzenth, 2007).

Few studies have assessed privatization's impact on child and family outcomes. Lawrence-Webb, Field, and Harrington (2006) found that bureaucratic and financial difficulties arise when a privatization initiative begins to require so much effort that child and family outcomes are difficult to assess. The privatization efforts of the last 20 years have yielded mixed results in terms of cost savings and sustainability. Certainly, there is evidence to suggest that privatization initiatives are cumbersome and require significant planning and forethought, knowledge of state resources, and consideration of downstream implications.

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One factor that is thought to engage the public and increase support of a privatized model is the "warm glow" model: the idea that individuals feel good when they support a particular public service.

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AROUND THE COUNTRY

Privatized Care in Other States: A Summary Chart

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The chart below is a summary of the implementation strategies and lessons learned from six other U.S. states that have privatized— or begun to privatize— their child welfare systems. According to the National Conference of State Legislatures (NCSL) in 2018, a total of 13 U.S. states had implemented various levels of privatization. To provide a diverse review, this chart will cover at least one state from each category cited by the NCSL (small-scale, large-scale, and system-wide privatization).

Legend:

1 = Small-scale: Privatization of mainly case management services

2 = Large-scale case management privatization efforts

3 = System-wide privatization

State:	Privatization Measures:	Lessons Learned:
Michigan ⁽¹⁾	Adoption has been contracted out to private organizations since the 1980s (Craig et al., 1998). Currently, foster care and both licensed and unlicensed foster family homes are managed by private agencies. Services are provided by 5 nonprofits, with funds additionally contributing towards “front-end prevention services with the goal of reducing foster care population” (NCSL, 2018).	One important aspect of Michigan’s privatization process is budget management. In Kent County, for example (where 100% of foster care services are privatized), expenditure on foster care services greatly increased, while “no additional funding was appropriated” and the appropriation was subsequently adjusted through annual budget processes (MDHHS, 2017). It is also important to consider the high caseload of the state caseworkers still employed. According to Michaelsen (1993), most accreditation agencies recommend a caseload of no more than 25 per caseworker.
Missouri ⁽¹⁾	Missouri has long partnered with private organizations to “deliver residential and mental health services, foster care, adoption recruitment, and case management services” (Collins-Camargo, 2011). In 2004, the state was directed to privatize case management services and continued services in three regions. In this process, lead agencies receive a	In Missouri, financial incentives were used to assist in reaching performance goals (NCSL, 2018). According to Collins-Camargo (2011), some lessons learned include: • The importance of informing community stakeholders of new partnerships • The need for dialogue with caseworkers and other agency staff members, so as to be included and well-informed • Ongoing complexity of navigating case assignment; the importance of having staff

**Missouri,
cont. ⁽¹⁾**

monthly flat rate based on caseload, and these agencies subcontract with further providers (NCSL, 2018).

designated for this purpose throughout the transition

- The complexity of frequent case transfers; the state experienced delays in permanency due to frequent transfers, and sought to explore options for more consistency in contractor caseloads
- Due to this transfer of cases in between caseworkers and agencies, the calculation of outcomes was difficult and “performance targets [were] difficult to establish” (Collins-Camargo, 2011)

Illinois ⁽²⁾

Illinois began privatization efforts in 1998 with performance-based contracts for traditional foster placement services. By 2010, it had expanded this to residential and independent living programs (Collins-Camargo, 2011).

In Illinois, the need for clear communication between public and private personnel was evident, and the state emphasized opportunities for communication through subcommittees and workgroups (Collins-Camargo, 2011). Other lessons learned and changes implemented include the need for committed leadership, transparency in incentives and penalties, and effective management of residential treatment services (to decrease the time from referral to admission). To meet the need for streamlined residential services, the Discharge and Transition Protocol tool was created. The tool highlighted ways in which the youth could be provided services within the community, as well as identified other systems in the youth’s life (such as education and case management) that played a role in recovery (Collins-Camargo, 2011).

Kansas ⁽³⁾

Kansas privatized the three main areas of the child welfare system: family preservation, foster care, and adoption services (Craig et al., 1998). In its first year, the state had a 44% increase in finalized adoptions, signifying initial success.

Aspects such as incentives, competitive bidding, and having a third-party evaluator may all be contributing factors to the success of this state’s privatization efforts (Craig et al., 1998). The NCSL also stated that a “clear, well-articulated plan” is needed for transitional processes, and that in the transition, there must be a strong partnership between public and private agencies (2018). The state found that all stakeholders needed to be well-informed in order to trust the private agencies that were taking over (NCSL, 2018).

Florida ⁽³⁾

Legislation in 1996 mandated that the entire system would be privatized (Albowicz, 2004). This began with five pilot projects and continued with Community Based Care. As of 2004, approximately 42 percent of services were privatized; currently, the Florida Department of Children and Families website indicates that all regions are

In the system-wide privatization of Kansas and Florida, the measures taken were not more cost-effective; both states had to greatly increase their budgets (NCSL; 2018). However, Florida’s “phased-in” approach – an incredibly detailed and well-defined plan for implementing privatization – resulted in a smooth transition for the parties involved (NCSL, 2018). Providing incentive payments and well-defined measures for each step of the permanency process is key, to ensuring that goal percentages and measures are realistic and not

Florida, cont. ⁽³⁾

now covered by private agency contractors.

unattainable for agency employees (Collins-Camargo, 2011). Other barriers included communication issues, evaluation obstacles, and leadership changes; while key components included a willingness for open discussions and flexibility throughout the processes (Collins-Camargo, 2011). Florida's privatization has been highly criticized since the early 2000's; in 2021, the state's child welfare director Chad Poppell resigned, stating that splitting up decision-making across 17 nonprofits across the state led to a "fractured system" (The Imprint Staff Reports, 2021).

Lastly, common elements of success were found across multiple states. Amongst Florida, Illinois, and Missouri, for example, common necessities arose in specific categories in order to have a successful privatization process. For example, political elements include the right time and support for the transition; communicative elements include the necessity of a "formalized, transparent communication structure"; and collaborative elements involved an inclusive planning process, which equally values both public and private entities. Additionally, there must be sufficient time to plan the transition, and all changes and contracts must be based on data and outcomes (Collins-Camargo, 2011).

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PRACTICE UPDATES

A Brief Update of Community-Based Care

ABSTRACT

Community-Based-Care (CBC) is a new model for foster care in Texas. It allows community organizations to meet the needs of family and children, rather than the state being solely responsible for youth in care. CBC occurs in three stages over at least two and a half years. Along with support for CBC has come ample criticism; some drawbacks cited include the stress on current CPS caseworkers and the high cost of making elaborate changes. Lastly, further statistics have shown that the most effective change to the system may not be a community-based model, but instead implementing further prevention efforts and a focus on having fewer youth enter the foster system to begin with.

KEYWORDS

Child welfare, privatization, CBC, community-based care, stages of CBC, prevention efforts, foster care reform

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Community-Based Care (CBC)

According to the Department of Family and Protective Services (DFPS; 2024), Community-Based Care (CBC) is a new foster care model for Texas that allows community organizations to “meet children’s and their families’ unique and individual needs by tapping into the strengths and resources of each community” (DFPS, 2024). Another focus of CBC is keeping youth closer to home, prioritizing their well-being by helping them maintain connections to their communities and families. The state hopes to have CBC reach all DFPS regions by 2029. In this transition, most CPS duties will shift to the local communities, each of which will be managed by a Single Source Continuum Contractor (SSCC). According to DFPS, the SSCC is “responsible for finding foster homes or other living arrangements for children in state care and providing a full range of services, including case management” (2024a). Below is a chart outlining the initial stages of the CBC transition process.

CBC Stages

Stage I	• SSCC network development • Youth placement arrangement • Typical timeframe: 12 months
Stage II	• SSCC provides case management, kinship, and reunification services • Service expands to family support and increasing permanency • Typical timeframe: 18 months

Stage III	• DFPS assesses: ○ SSCC's fiscal incentives ○ SSCC performance outcomes, problem-solving, and solutions ○ SSCC permanency outcomes and problem-solving
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(DFPS, 2024b)

Effect on CPS Caseworkers

Another major impact on prevention is the turnover within the agency. According to one provider, the individual needed to speak with CPS staff three to four times a year because staff had completely changed multiple times (Colvin et al., 2021).

“The turnover rate for caseworkers is already excessive, and the CBC program has done little to reduce stressors. Instead, the program has led already overburdened caseworkers to fear that they will lose their job to a private entity” (Kilmer, 2022). The agency recognized that systemic changes had to occur.

Reform Criticism

U.S. District Judge Janis Graham Jack ruled in 2015 that “Texas had violated the constitutional rights of foster children to be free from an unreasonable risk of harm, saying that children ‘often age out of care more damaged than when they entered’” (Dey, 2023).

Due to this criticism and that of others, the state has made attempts to reform its program.

According to a 2022 article in the *Houston Journal of Health Law & Policy*, CBC has been by far the most significant of these changes implemented (Kilmer, 2022). Kilmer comments that “while this reform was aimed at ensuring that children in the foster care system are safe, it is

unclear whether the program will eliminate the deficiencies in the system and accomplish that goal” (2022). One glaring fact is that the system that is supposed to prevent children from being abused and neglected often fails to succeed at just that: from 2019 to 2020, for example, eleven children in the custody of the state passed away, including one who was living in a residential treatment center when she passed (Kilmer, 2022).

One goal of CBC is keeping youth closer to home, prioritizing their well-being by helping them maintain connections to their communities and families.

Furthermore, system upgrades are costly and difficult, using unique operating systems such as Information Management Protecting Adults and Children in Texas (IMPACT), and Child Care Licensing Automation Support System (CLASS). “Even when the state undertook a painstaking effort to avoid paying additional fines and prove compliance with Judge Jack’s orders, they were unable to provide all the necessary data” (Kilmer, 2022). Therefore, Texas Legislature is drastically reforming its child welfare system, in an effort to create a more sustainable way to protect its youth.

Other Reform Efforts

Among the other efforts in Texas to reform the child welfare system is House Bill 730, passed in 2023. This bill requires DFPS investigators to inform parents of their legal rights when an investigation begins (Michels, 2024). As cited by Michels, one result of this reform effort is that “fewer DFPS investigations result in findings of likely abuse or neglect” – now approximately 20%. Similar efforts have been made in other states and child welfare systems, and others argue that this is the only way that “real change” will be made within the system (Michels, 2024). Matthew Fraiden, for example, argues that the difference came “once the district focused on removing fewer children from their homes to limit the size of the foster care system”,

noting that for sixty percent of families his law students represented, the youth were returned home “without ever being found abused or neglected” (as cited in Michels, 2024).

CBC in Texas is still being implemented, through the stages mentioned above, and the full rollout should be completed in 2029. Data are still being collected as implementation is fluid, and CBC efforts are overall still new to foster care systems in the U.S. Therefore, further research needs to be conducted on this topic, with all outcomes being justly examined.

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ARTICLE REVIEW INFOGRAPHIC

Infographic: Relevant Topics for Privatized Care

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The following pages depict in a graphic format a summary of “Privatization of Child Welfare Services: Challenges and Successes Executive Summary”, published by Children’s Rights in 2003.

RELEVANT TOPICS FOR PRIVATIZED CARE

1

FUNDING

Public agencies “should not expect to save money through privatization,” due to the complex nature of developing, implementing, and overseeing a privatization initiative and incurring the associated costs.

AGENCY ALLIANCE

2

The alliance and cooperation of private and public agencies is necessary for implementing and sustaining a privatization initiative. In addition, strong leadership and community engagement is crucial to maintaining privatization efforts.

3

STRONG INFRASTRUCTURE

A concrete vision, a collaborative and competent management structure, substantial financial support, and strong community engagement are necessary for both the start-up process and to maintain success in privatization.

SERVICE CAPACITY

The current vision for the service system should be a top priority, including both support from management and from other service systems in the field of mental health.

45

ACCOUNTABILITY

Public agencies who privatize their services must still remain accountable and enforce a strong monitoring system. This ensures that appropriate government oversight can be achieved to uphold standards.

AT-RISK CONTRACTING

Private agencies should exercise caution when contracting with outside providers to ensure that financial security is upheld and the agency is not at risk. Proper consulting with board members can ensure viable contracts.

67

CONSUMER INVOLVEMENT

Involvement of families and foster youth “should be a key focus in program design, implementation, and evaluation.” Agencies should develop and implement ways to involve consumers at all program levels.

CONTROLLING COSTS

“Privatization cannot be viewed as a way to provide services more cheaply nor as a way to control costs.” Private agencies must provide adequate wages and thus charge accordingly for services provided.

8

Reference:

Children’s Rights. (2003, June 1). Privatization of child welfare services: Challenges and successes executive summary. *Children’s Rights: News & Voices*. https://www.childrensrights.org/wp-content/uploads/imported-files/privatization_of_child_welfare_services_exec_sum.pdf



ARTICLE REVIEW

A Review of “Sinking or Swimming: Perspectives of the Children without Placement Crisis”

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Article Reviewed:

LaBrenz, C., Jenkins, L., Choi, M. J., Kim, J., Ryan, S., & Wildberger, M. S. (2024). Sinking or swimming: Perspectives of the children without placement crisis. *Journal of Public Child Welfare*, 18(3), 621-647. <https://doi.org/10.1080/15548732.2023.2237421>

“Children without Placement” (CWOP) crisis has been cited as a reason for transitioning child placement services to privatized care (Young, 2023). This article (by LaBrenz et al., 2024) explored the perspectives of analyzing the “CWOP” phenomenon in public child welfare by interviewing 11 frontline child welfare practitioners with social work credentials from a Southern state. While in crisis, children under the state’s custody or at an emergency removal from their families due to suspected or reported child maltreatment stay in a temporary placement before a formal placement can be arranged. In this study, two focus groups and six individual interviews were conducted. The practitioners were graduates from two universities with Title IV-E funded education. Their responses were mapped into three dimensions, aligned with the trauma-informed framework for connecting to the state’s CWOP experiences as described by these practitioners. These dimensions are 1) organizational and environmental climate; 2) workforce development; and 3) trauma-informed services.

The first dimension described six themes that are related to communication, safety, support, authority, policy, and networking. Unlike how CWOP has been portrayed, the results in the second and third dimensions highlighted the threats faced by the youth in care and the stress-affected practitioners who are fearful for their own safety. The insecure feelings generated from being put into a strange place (e.g., a hotel room) for the child in care and into an “uncontrollable workplace” for the worker can lead to tension between CWOP workers and youth. Although the results did not provide statistics to address child welfare workforce turnover, practitioners may likely be displeased by the inevitable assignment when challenged by the youth’s resistance.

This study concludes with a future-oriented workforce development plan. These three-dimensional results address the importance of hands-on training and emotional support for both the clients and the workers. Advocacy efforts should focus on additional resources to implement community-care models, for youth to find “urgent care” or a temporary shelter, but also trauma-informed care that can address and accommodate their psychological needs. Backup services should include urgent placements that workers can access, such as kinship care and community-based services.

Additional References

Young, M. (2023, September 22). Texas is quietly privatizing foster care in North Texas. How will it all work? *WFAA*. <https://www.wfaa.com/article/life/family/texas-foster-care-this-is-our-largest-area-weve-transitioned-private-foster-care-is-rolling-out-for-dallas-collin-and-other-north-texas-counties/287-114424b7-bda2-4f25-bccb-dea10cdfed28>



ARTICLE SUMMARY

A Summary of “Private vs. Public Child Welfare Systems: A Comparative Analysis of National Safety Outcome Performance”

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Article Reviewed:

Huggins-Hoyt, K. Y., Mowbray, O., Briggs, H. E., & Allen, J. L. (2019). Private vs public child welfare systems: A comparative analysis of national safety outcome performance. *Child Abuse & Neglect*, 94, 104024. <https://doi.org/10.1016/j.chiabu.2019.104024>.

Background

In their 2019 article, Huggins-Hoyt and her colleagues first review the current literature on the origins, processes, and outcomes of the privatization of child welfare systems across the U.S. In their review of the literature, they note that the implementation of privatization policy is often implemented from a microeconomic perspective, attempting to create a “political economic alternative to delivering services [with the goal to] promote, facilitate, and protect *the public good*” (p. 2). However, they then report that no literature thus far has discussed the *outcomes* (specifically noting “the failings”) of privatization from a microeconomic perspective. Therefore, the study aimed to apply a microeconomic framework in creating a “comparative analysis of public and private child welfare agencies on national safety outcome performance indicators” (p. 3).

Study Methods and Findings

This study used a quasi-experimental, case control design to compare the privatized or non-privatized child welfare systems in twelve different states, in order to retrospectively analyze their outcome data. Six fully privatized states were chosen from a 2015 study: California, Florida, Hawaii, Kansas, Nebraska, and Wisconsin. Likewise, six states with public systems were chosen, which had similarly-sized foster care populations: Alabama, Iowa, New Jersey, Pennsylvania, and Wyoming. Data was collected from a variety of sources, and measured against two primary safety outcome performance measures (see *Figure 1*). Predictors examined involved age, gender, race, disability, mental/emotional diagnoses, and urban/rural residence; further predictors surrounding the case examined household composition, current placement setting, and whether the child was in-state or out-of-state for their placement.

For both of the safety outcomes, the composite scores showed that there was little variability between privatized and non-privatized states. For Safety Outcome 1, the average score for privatized states was 95.98%, compared with the slightly higher non-privatized state score of 96.36%. Likewise, the scores for Safety Outcome 2 were both over 99%, with a difference of only about two-tenths of a percent. Bivariate analysis showed that non-privatized systems “tended to have significantly higher percentages of children who were older (age 15-18), male, and non-White/European American”, while privatized states

had more children with disabilities, neurocognitive impairments, physical disabilities, emotional issues, or other diagnosed conditions (p. 5-6).

Table 1

Child Welfare Safety Outcome Indicators and National Standards.

Outcome Composite Indicator	Federal Government Definitions	National Standard
Safety Outcome 1	Of all children who were victims of a substantiated or indicated maltreatment allegation during the first 6 months of FFY, what percent were not victims of another substantiated or indicated maltreatment allegation within the 6-months following that maltreatment incident?	94.6 or higher
Safety Outcome 2	Of all children served in foster care in FFY, what percent were not victims of a substantiated or indicated maltreatment by a foster parent or facility staff member during the fiscal year?	99.68 or higher

Note. 1) CFSR data is collected for a 12-month state specific target period ending approximately 12 months prior to an onsite review. Depending on the individual state and timing of the review, a state data profile could include 1 to 3 years of data. 2) National standards are established for safety and permanency outcomes only and based on results from the 2007–2010 Round 2 CFSRs (Children's Bureau, 2016).

Figure 1: A screenshot from Huggins-Hoyt et al. (2018) depicting a table of safety outcomes.

Regarding Safety Outcome 1, virtually all child and case predictors were significantly associated. For example, children who were female and older in age were “more likely to be in a state system that met the [national] standard” for the safety outcome, while Hispanic children were less likely, and children with no diagnosed disability were significantly less likely (p. 7). Regarding the second safety outcome, the study found that females were more likely to be in a state that met the safety outcome, while age, visual, and hearing impairment were not significantly associated. Children placed with any foster family were 3-5 times more likely to be in a state that met the national standard for Safety Outcome 2.

Conclusion

In conclusion, the results of the study indicated that each system type (private or public) outperformed the other on either Safety Outcome 1 or Safety Outcome 2. As stated above, non-privatized states had slightly higher percentages for Safety Outcome 1, which “measures the extent foster children experience a recurrence of maltreatment within 6 months of a discharge from a previous episode” (p. 8). This indicates that privatized care systems were slightly more likely to have more incidences of maltreatment than non-privatized systems. Huggins-Hoyt and her colleagues discuss articles that have claimed otherwise, as well as discuss possible reasons for the discrepancy, such as potentially less experienced workforce and economic or contractual pressures.

Further analysis additionally showed that privatized systems were almost 7 times more likely to meet the standard for Safety Outcome 2, measuring maltreatment by a caregiver. Huggins-Hoyt and her colleagues discuss that this could be due to the ability of private institutions to “implement more responsive and innovative services” due to flexibility (p. 9). The authors conclude that private agencies “more effectively ensure the safety of children while they are in foster care,” but fall short when mitigating the adverse dynamics that lead to recurrences of maltreatment. The mixed results and complex issues indicate that further research is needed in this area, as well as further efforts to improve both public and private child welfare agencies.

RESOURCES FOR CHILDREN AND FAMILIES



[The Annie E. Casey Foundation – Child Welfare Resources](#)

The Annie E. Casey Foundation's website contains an abundance of resources and initiatives striving to help children grow up in families and get the help they need to heal, build lasting family relationships, and reach their full potential.*



[Child Welfare Information Gateway](#)

An important aspect of child welfare work is the engagement of youth and teen voices who have experienced the adoption and foster care system. The Child Welfare Information Gateway provides an avenue for incorporating these voices and perspectives into professional discussion.

- [Resources for Child Welfare Professionals](#)



[Kinship Navigator Programs](#)

There are three Kinship Navigator Programs within the clearinghouse that look supportive and promising. To learn more about the programs, go to the link above and filter by program or service area by clicking on "kinship navigator."



[National Foster Parent Association - Resources](#)

The NFPA hosts an extensive resources page featuring information on fostering, kinship, legal rights, services, trainings, and much more.



[The Riverside Project](#)

The Riverside Project is a collaborative network of agencies, congregations, nonprofits, school districts, and passionate individuals working together to transform the foster care system in Houston, TX.



[Circle of Security Training & Resources for Parents](#)

The Circle of Security is a visual map which helps promote secure attachment between children and their caregivers. Circle of Security International focuses on training providers with many different backgrounds and from many different disciplines and providing attachment resources for caregivers.

*Many of the descriptions on this page and pages 19-22 are taken directly from each organization's website.

RESOURCES FOR ADOLESCENTS IN THE CHILD WELFARE SYSTEM

Previous CFJ issues have highlighted aspects surrounding the process of aging out of the child welfare system, including how vital it is to have resources and a support system during this time. As this online journal is published by the University of Houston, the resources below are categorized into both local Houston resources and national agencies serving teens in this transitional period.

Houston, TX Resources:

[211 Texas/United Way Helpline](#)

A free, confidential helpline operated by United Way of Greater Houston, 24 hours a day, 7 days a week, 365 days a year, the 211Texas/United Way HELPLINE connected more than 1.2 million of our neighbors with help in 2022. The top calls were for utility assistance, rent and mortgage assistance, housing, public benefits assistance, and food assistance.

[AccessHealth](#)

AccessHealth is a private, not-for-profit organization and Federally Qualified Health Center focusing on providing primary healthcare services for the low-income population of Fort Bend and Waller counties, but opens its doors to all who wish to receive care without regard to income or circumstance.

[Angel Reach](#)

Angel Reach is a faith-based nonprofit that helps teens and young adults through employment assistance, education advising, counseling, mentoring, tutoring, support groups, and more.

[BridgeYear](#) and [MorePathways by BridgeYear](#)

BridgeYear offers "career test drives" in which students can get hands-on experience to see if a job is right for them, as well as a 1:1 comprehensive advising program. They additionally host an online database to search for jobs in the Houston area that either a) require less than a 4-year degree, or b) have a training program.

[Eight Million Stories \(8MS\)](#)

Eight Million Stories works to disrupt the school-to-prison pipeline by providing disconnected youth/young adults (those who have been pushed out of our school system or are involved with the justice system) with an opportunity to complete their education and obtain meaningful employment, to successfully transition into adulthood and become self-sufficient.

[The Harris Center](#)

The Harris Center for Mental Health and Intellectual and Developmental Disabilities (IDD) strives to provide high-quality, efficient, and cost-effective services so that persons with behavioral health and developmental needs may live with dignity as fully functioning, participating, and contributing members of the community.

- 24/7 CRISIS LINE: 866-970-4770

[Houston Angels](#)

The Houston Angels mission is to walk alongside children, youth, and families in the foster care community by offering consistent support through intentional giving, relationship building, and mentorship.

[Houston PEARLS Foundation](#)

The Houston PEARLS Foundation supports youth in foster care, ages 14-18, through community mentoring and resources. They strive to provide a support system that teaches life skills, preparing youth for adulthood and real-world challenges. They do this by facilitating the building of relationships with caring mentors and holding bi-monthly community-building program nights.

[Legacy Community Health](#)

Legacy Community Health is a full-service health care system comprised of over 50 locations in the Texas Gulf Coast region offering adult and senior primary care, pediatrics, OB/GYN, behavioral health, dental, HIV/AIDS care, vision, specialty care, and pharmacy services. As the largest Federally Qualified Health Center (FQHC) in Texas and a United Way affiliated agency since 1990, Legacy ensures its services and programs are open to all, regardless of the ability to pay—without judgment or exception.

[Legacy Community Health TeenWell Program](#)

Legacy TeenWell™ helps provide teens and young adults with the information, resources, and answers they need to become self-reliant in managing their own healthcare.

[Texas Foster Youth Justice Project](#)

The TFYJP educates former and current foster youth in TX about their legal rights and provides the public with information regarding foster youth's needs and concerns.

[Texas Foster Youth Justice Project - Aging Out of Foster Care in Texas: What You Need to Know](#)

This link leads to one-page bifold handouts in both Spanish and English that simply explain what aging out of foster care means, why the details are important to know, and the benefits and services that aged-out foster youth are entitled to.

National Resources:

[National Foster Youth Institute](#)

NFYI aims to transform the child welfare system by building a national grassroots movement led by foster youth and their families.

[National Mentoring Resource Center](#)

Launched in January 2014, the National Mentoring Resource Center is a comprehensive and reliable resource for mentoring tools, program and training materials, as well as access to no-cost training.

[Mentoring.org - Foster Care Resources](#)

Mentoring.org's "Engaging Youth In Foster Care" page lists abundant resources, blog posts, research on mentoring foster youth, and programs around the US.

RESOURCES FOR INDIGENOUS & NATIVE COLLEGE STUDENTS

There is a multitude of challenges facing students attempting to further their education. Still, there are Indigenous and Native American college students who meet a particular set of representation and face financial, mental health, and mentorship challenges. The following is a compilation of resources designed to bridge the gap and make college entrance and success more attainable for Indigenous and Native students.



[College Guide for Indigenous and Native American Students](#)

This guide is put together by Best Colleges, and it organizes resources supporting Indigenous learners.



U.S. Department of the Interior

Bureau of Indian Education

[Bureau of Indian Education](#)

The BIE has information on schools, college preparatory courses, and education events.



[National Indian Education Association](#)

The NIEA works to advance culture-based educational opportunities for American Indians, Alaska Natives, and Native Hawaiians.



**AMERICAN INDIAN
COLLEGE FUND**
EDUCATION IS THE ANSWER

[American Indian College Fund](#)

There are many scholarship opportunities available. The AICF has a scholarship application open to any full-time student Native American citizen who is a member or descendant of a state or federally-recognized tribe with at least a 2.0 grade point average.

CALL FOR PAPERS

The *Child and Family Journal of Innovative Practice and Research* (CFJ) aims to build a platform for sharing innovative ideas in child and family welfare. We invite both scholars and practitioners to submit manuscripts, practice notes, case studies, teaching/educational notes, stories, personal or professional reflections, and other innovative works that share clinical experiences in child and family services. The CFJ loves to hear experiences from the field to share with the audience to advocate for our clients, clinicians, workers, and families.

The upcoming issue will center around the following topics:

Volume V, Issue 2: Impact of secondary trauma. We invite anyone interested in this topic to share their stories, specifically child welfare employees or clinicians who have experienced the effects of secondary trauma, alongside professionals who have an academic viewpoint. Suggested topics include but are not limited to:

- Differentiating between secondary trauma, compassion fatigue, and burnout
- Healthy ways to process and cope with secondary trauma
- A review of the literature surrounding the physiological effects of secondary trauma on social workers
- How child welfare agencies can support both their clients and employees

We invite short articles (within 1-3 single-spaced pages) involving the above topics to be submitted for future issues. To be given priority for **Volume V, Issue 2**, please submit articles and content by **December 1, 2024**.

The *Submission Guidelines for Authors* are [here](#) or on the journal [webpage](#).